Dialogue-with-self : reflective learning for the professional development of postgraduate pharmacists

Thesis

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Dialogue-With-Self: Reflective Learning for the Professional Development of Postgraduate Pharmacists

DOCTOR OF EDUCATION (EdD)

2006

Acknowledgement

I give my sincerest thanks to the following individuals who made it possible for me to conceptualise and conduct my research project, and write this thesis.

My supervisor, Dr David Plowright for his generous and enthusiastic support, guidance, feedback and good humour throughout, and for challenging me to think beyond my comfort zone on many occasions.

The pharmacist participants who gave their time willingly and spoke freely.

Dr Kristian Pollock, who kindly gave her time to co-moderate the focus groups.

My colleague and friend Professor Alison Blenkinsopp for her endless encouragement and enthusiasm, and constructive comments on my draft thesis.

My many colleagues in the Department of Medicines Management, Keele University, who made my Learning and Teaching leave possible this year so that I could finish writing my thesis.

The numerous friends who never doubted I'd get through this, particularly Heather for sending me the chocolate biscuit and the tea bag at just the right time.

Tibby for reminding me with a subtle meow when it was time to have a break to give her some attention!

My partner, David Clarke, to whom this thesis is dedicated, for his patience, support and love at all times, through to the last full stop.

I couldn't have done it without you.

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ABSTRACT

The aim of this study was to explore learning, and dialogue-with-self in facilitating reflection on learning and professional practice, with postgraduate pharmacists.

The study was set in the context of a *Prescribing Course* for pharmacists where the participants were exposed to a systematic reflective learning approach that was new to them as learners, and which was facilitated by a structured written *Reflective Portfolio*.

Data were generated from a phenomenological study that included focus groups and individual interviews as the methods of enquiry. The inductive approach to data collection and analysis generated a *Model of Reflection* that has not previously been described that illustrates the complexities of reflective learning. The study therefore challenges the simplicity with which 'reflection' has generally been portrayed in the literature, and indicates why students and practitioners may experience difficulties with it. It is proposed that the research provides a significant contribution to the understanding of reflection for learning and professional practice development since this *Model of Reflection* is arguably transferable or relatable to other health professions and other disciplines.

This study has confirmed that postgraduate pharmacy students perceive learning in ways that are compatible with existing published literature, particularly that relating to deep and surface approaches to learning, and that they perceive reflective learning to be analogous with a deep learning approach.

The study challenges the notion expressed in the literature that reflective dialogue-with-others through face-to-face interaction is essential for learners to develop their skill in reflection and applying it to professional practice. The study has shown that reflection for

learning and practice is achievable by pharmacists principally through dialogue-with-self using the medium of a structured written portfolio that facilitates systematic reflection.

The study has also raised questions about the Royal Pharmaceutical Society's model for continuing professional development (CPD), and provides some insight into the apparent mistrust that pharmacists have of it and their professional body. Therefore, this research also has implications for the Pharmacy regulator's policy and recommended practice regarding CPD.

CHAPTER 1

INTRODUCTION AND PAT'S STORY

AIM AND ASSOCIATED RESEARCH QUESTIONS

The aim of this study is to explore learning, and dialogue-with-self in facilitating reflection on learning and professional practice, with postgraduate pharmacists.

The research questions are:

- What do postgraduate pharmacy students perceive learning to be?
- What approaches to learning do they adopt for learning and professional practice?
- How do they perceive and use reflection in relation to their learning and professional practice?
- How does dialogue-with-self facilitate reflection in relation to learning and professional practice?
- What do they perceive as the positive outcomes of, and obstacles to, reflection?
- Can a model of reflection be developed to explain the nature of reflection in the context of learning for professional practice?

CONTEXT

A brief 'personal story' (Brockbank and McGill, 1998) follows that describes how I arrived at the aim and the research questions through reflection on my career as a learner and my educational role as a teacher and facilitator of learning in higher education. I have also described how I arrived at the decision to include learners from the *Prescribing Studies* programme as the participants for my research project. Where I use the term 'my' in relation to students

and my workplace, I am not expressing any kind of ownership but only an association.

Pat's Story

I started to develop my research interest in learning and reflection/reflective learning in 2001 in the second year as a learner on the Open University's (OU) MA in Open and Distance Education. This emerged from having completed a study block and coursework around this where I did a brief analysis of my 'career' as a learner, both undergraduate and postgraduate. It showed me how I had changed as a learner over the years, to what I feel is a better learner, adopting a deeper approach to my learning through reflection. I knew intuitively that it was a different, more intellectually challenging, demanding and rewarding type of learning than I had ever experienced before, and I instinctively wanted to help my students experience this type of learning. I had been an academic working in two universities for 12 years up to that point.

There were probably two things that had contributed to making me a deeper, reflective learner, i.e. a learner who attempted to develop understanding, meaning and application from learning rather than accumulating knowledge to reproduce in the next course assignment:

(i) the assessed coursework which required me to *write* down the result of internal dialogue with myself using a critically reflective approach; and

(ii) the asynchronous online collaborative interaction with other students and tutors which also made me *write* down internal dialogue, thereby sharing it with others through the medium of text.

Both of these made me take the *time* to reflect, through dialogue with myself. I have no doubt that I did reflect internally before this, but I believe that expressing the results on paper/in print, that is actually

writing it down, is what made me better at reflecting and made my approach to learning deeper. I agree with Thorpe (1993a, p.104) that:

> ...writing can be a way of capturing thoughts and feelings and working with them more consciously...a way of structuring and of using reflection strategically...

My growing interest in approaches to learning and reflection, as a learner and academic, led me to reflect on the courses that my university department provided. I have the principal role in developing and delivering all of these in my capacity as Postgraduate Courses Development Manager/Director of Postgraduate Studies. I realised that analysing my own learning career had made a significant impact on me. It had led me to question the extent to which my students were being enabled through the course materials to adopt a deep, reflective approach to learning. This also happened to coincide with an increasing drive within Pharmacy's professional body, the Royal Pharmaceutical Society of Great Britain (referred to as the Pharmaceutical Society throughout the remainder of this thesis), to introduce mandatory continuing professional development (CPD). This would require pharmacists to maintain and enhance their professional capabilities throughout their working lives; pharmacists were being directed to adopt a reflective approach to their professional practice (Farhan, 2001). The Pharmaceutical Society appeared to have taken the view expressed by Reeve *et al* (2002) that reflection on professional practice is central to lifelong learning and continuing professional development.

I concluded that it was important to introduce some formal element of reflective learning activity into our postgraduate courses for pharmacists, and also developed an affinity with Brockbank and McGill's view regarding my responsibility as a tutor:

> How is the understanding and practice of reflective dialogue, and through it, critically reflective learning to be realized for

> the learner? Such understanding and practice is, in our view, the emergent responsibility of teachers in higher education and their institutions. (Brockbank and McGill, 1998, p.53)

At the same time, I also began to question what 'reflection' actually meant, and I have continued to do so since that day and throughout this research project.

Reflection is...

Moon (1999, p.22) suggests that:

> ...it is possible to interpret reflection as a simple activity, a development of thinking that has associated with it a framework of different inputs, contexts and purposes that cause confusion for those who study it.

I have chosen to quote Moon since I too have many times felt confused in my journey to reach an understanding of what reflection is, so I expect that the pharmacists who were students on the postgraduate courses developed and led by me have felt the same.

I found the much quoted works of Dewey (1933), Kolb (1984), Mezirow (1981), and Schön (1987) useful. Dewey for his analysis of *reflective thinking*, Kolb on *experiential learning,* Mezirow for his ideas around *perspective transformation*, and Schön on *reflection-in-action* and *reflection-on-action*. The works of Kolb (1984), Mezirow (1981) and Schön (1987) are particularly widely cited in relation to reflection. Schön's work has been specifically subject to criticism by a number of authors, for example Atkinson and Claxton, (2000), Eraut (1995), Greenwood (1993), and Usher *et al*, (1997) for its limitations, weaknesses and inconsistencies. Many more have used it to develop their own theoretical perspectives on reflection.

Boenink *et al* (2004), Bolton (2001), Boud *et al* (1985), Boyd and Fales (1983), Brockbank and McGill (1998), Driessen *et al* (2003), Evans and Nation's (1989a), Pee *et al* (2000), and Sparkes-Langer and Colton (1991) are among other researchers who have published 'definitions' of reflection that also helped me form my view.

On the face of it, 'reflection' appears to be very straightforward. The term is used freely in the literature, mostly without qualification, and almost as a metaphor for something that we all intuitively know the meaning. So too are the terms *critical reflection*, *reflective learning* and *reflective practice*. My analysis of the vast array of literature available has also led me to conclude that the terms *reflection* and *critical reflection* are often used interchangeably and not clearly distinguished, with similar descriptions being applied to one or other depending on the author. This has led me to believe that other academics have also perhaps felt confused about something that is arguably intangible, and that reflection is in fact a very sophisticated concept.

I therefore struggled to find a personal definition of reflection that was entirely satisfactory. In this thesis I present the personal definition that I developed that encompassed my own understanding as my research progressed. It expresses what reflection means to me. I have used this to help frame my research project that is set in the context of postgraduate learners who are also practising health professionals:

Reflection *is the activity of deliberately thinking about, or intellectually interacting with, sources that one has been exposed to, in the past and present, in an uninhibited way. The purpose is to develop learning (**reflection for learning**) or professional practice (**reflection for practice**). The ultimate outcomes include deeper learning, being prepared to take action and/or make changes, sometimes transformational, where identified, for the future, that will benefit self and/or others or society as a whole. Overall, the term*

'reflective learning' *can be applied as the generic term to name the process.*

'...sources...' can relate to the following:

- personal professional experiences relating to work/professional practice, including personally held attitudes, values, perceptions and beliefs, thereby engaging the learner in ***reflection on practice***,

and

- learning materials and experiences, for example formal materials for a course of study, and less formal such as professional journals, and other materials from which the learner might learn, e.g. radio and television broadcasts, thereby engaging the learner in ***reflection on learning***.

I also increasingly felt as my project progressed that reflection/reflective learning had been inadequately described or explained in the literature and that a conceptual *Model of Reflection* was needed to articulate it. The purpose of this model would be to throw light on what I perceived to be the poorly acknowledged complexities of reflection.

Selecting the Focus of My Research

The Masters level programme of courses that I have been developing since 2002 is called *Prescribing Studies*. There are various short courses (modules) available to ultimately achieving a postgraduate certificate or diploma in *Prescribing Studies*. One of the roles of the courses is to prepare pharmacists for a new professional role as a prescriber ('Supplementary Prescriber') of medicines. The curriculum for the programme of courses includes learning outcomes around reflection and continuing professional development. I decided at the beginning of the development process that I would produce a reflective learning log/portfolio element of coursework for

assessment, subsequently named the *Reflective Portfolio*, for each of these new courses. The *Reflective Portfolio* would be the means by which students had the opportunity to put into operation the concept of reflection. I felt that my academic colleagues and I should be encouraging and enabling students to use learning logs/portfolios to develop their skills in relation to reflection for three main reasons. Firstly, my own experience and studies as a postgraduate learner with the Open University had convinced me that it was the right thing to do, and I would have implemented the *Reflective Portfolio* without any additional external impetus. Secondly, it was important since pharmacists would undergo a professional transition when assuming the role of prescribing pharmacist and I felt that it would help facilitate this change. Thirdly, a 'reflective learning model' of continuing professional development was rapidly spreading across all health professional groups, including Pharmacy.

Moon (1999) provides a comprehensive 'guide' to aid an educationalist like myself to developing a reflective learning tool. I drew much on her work to produce the *Reflective Portfolio* that *Prescribing Studies* students are now using. I developed exercises and techniques that I envisaged would enable learners to adopt a deep, reflective learning approach to their learning and professional development and practice.

The first group of students to use the new portfolio comprised 20 pharmacists who started the *Supplementary Prescribing* course of the *Prescribing Studies* programme in September 2003. This is a 45 credit Masters level course, delivered over 6 months. Like all courses delivered by my department, it is mainly delivered by print-based distance learning materials. Students also have to attend the University on one day a month for a study day in workshop format to complement the distance learning element. An online Café Bar is available for informal discussions at all times. Students also have to spend twelve days in practice under the supervision of a medical practitioner who has a role in assessing them in relation to required

prescribing competencies (National Prescribing Centre, 2003). The *Reflective Portfolio* has been designed to be important in this respect since it is partly a vehicle for the student to provide the medical practitioner and the university with evidence of achievement of these competencies. A second cohort of similar size started this course in January 2004. Also amongst the first to use the new *Reflective Portfolio* were those pharmacists who registered in October 2003 on the postgraduate certificate course of the *Prescribing Studies* programme. Since these three groups of students were those who participated in my study, from now on I will refer to them as 'participants' and use the generic term *Prescribing Course* when identifying them or their course of study.

The *Reflective Portfolio* is a compulsory element of course work and is assessed on a pass/fail basis. Since the *Reflective Portfolio* is a key element of participants' learning, I felt that it was essential to conduct formal research into how this educational development had impacted on participants' learning and professional practice. I also felt that their perceptions of an educational approach that was likely to be new to them was an important issue to explore. I concluded this since, from my then 21 years as a practising pharmacist, including 14 years' experience of teaching undergraduate and postgraduate pharmacy students, this was likely to be new to most, if not all. Limited research had been published that looked at pharmacists' approaches to learning, for example, Kostrzewski and Dhillon (1997) and Miranda *et al* (2002). Dean *et al* (2001) published some informal feedback from hospital pharmacists about *reflective practice*, but only Rees *et al* (2003), who also focussed on hospital pharmacists, had published research in relation to pharmacists and *reflective learning* by that time (2003). Therefore, I felt that my research could potentially provide a significant contribution to a sparse literature in relation to the theory and practice of education for this health professional group. When I started this research project I was fairly narrowly focussed on pharmacists, but I developed it into producing a conceptual *Model of Reflection* that I believe is transferable or

relatable to other health professionals and non-health professional disciplines.

I conducted the research, into my own area of practice, and with students with whom I had a close student-tutor relationship. This provided a particular challenge for me since I was researching the introduction of an approach to learning that I had introduced because I believed in it. I was also researching my own health profession. This could be advantageous in that I have specialist, insider knowledge of this community of practice and its particular professional idiosyncrasies. However, the disadvantage is that I could also potentially bring a lot of 'professional baggage' and assumptions about learning and professional practice, and needed to discard these since they could cloud my judgement and introduce bias into the study.

Practitioner-research methodology has been well discussed and critiqued in the literature (Campbell *et al*, 2004; Cockley, 1993; McGinnis, 2001; McNiff *et al*, 1996; Richards and Emslie, 2000; Zeni, 2001), and used by many including Leshem and Trafford (2006) and Powell (1989). Therefore I felt justified in my approach. However, I was continually mindful of the potential pitfalls and ethical issues, particularly to avoid exploitation of students, pertaining to this type of research as I proceeded, and adopted a reflexive approach to my research at each stage. Zeni (2001, pp.156-164) in particular provides a useful list of questions for review and reflection that helped me to be reflexive as I conducted the study and analysed the data. I experienced an enlightening journey from the start through self-reflection. I reflected on my professional practice as a 'teacher' of a health professional group of which I am a member. This enabled me to focus my research more clearly on what is really important to me as a practitioner, and what might benefit my students and professional peers. I continually reflected on the data as they emerged and experienced a myriad of emotions including lack of confidence, guilt, pleasure and delight. On occasion I raised ethical

questions with myself about the reflective learning process that I had instigated for these students, given their obvious dislike of it in the early stages of their course of study. I felt that I was also developing my learning about reflection in relation to learning and professional practice, to a great extent in parallel with them. I thought deeply about what appeared to be their change of attitude later on to a more positive response. Were they telling me what I wanted to hear? Was I interpreting their words in a positive way to make *me* feel better and justify this learning method? I also reflected throughout on my learning from the learning materials that I have accessed, particularly books and published research papers, and feedback from my academic supervisor. All of this enabled me to refine my aim and research questions, develop my thoughts and arguments, and writing skills to produce a thesis that I believe makes a significant contribution to the theory and practice of education. This is particularly so in relation to postgraduate pharmacists and their use of reflection for learning and professional practice, and my development of a *Model of Reflection* that can be applied more widely.

I have used a style of presentation that I believe is more compatible with the nature of the project and the grounded theory interpretative approach I adopted. This is in contrast to the 'conventional' approach to the presentation of a doctoral thesis that I would have perceived doing at the start. I struggled with this through several iterations and felt frustrated that my original scientific background as a pharmacist still heavily influenced me.

I have limited the use of terms relating to reflection in this thesis, when referring to my study, to use only the text emboldened in my definition of reflection on pages 10-11 as the principal framework, i.e.

- reflection,
- reflective learning,
- reflection on learning, reflection on practice**,
- reflection for learning, reflection for practice**.

** *professional practice* may be used interchangeably with *practice*.

This also links directly to the dimensions of reflection that participants were guided towards in the *Reflective Portfolio*. Given the importance of the *Reflective Portfolio* as the medium through which participants put reflection into operation, an overview is provided in the next chapter.

CHAPTER 2

THE REFLECTIVE PORTFOLIO

In Chapter 1 I introduced the *Reflective Portfolio* as the medium through which participants on the *Prescribing Course* put reflection into operation. The *Reflective Portfolio* is the principal documentary evidence that demonstrates participants' engagement with reflection/reflective learning through reflection on learning and reflection on practice as defined in Chapter 1. I developed the *Reflective Portfolio* for the *Prescribing Course*, to have two main functions:

1 as a tool to help the participants develop their skills in relation to reflection, to enable their reflection on learning and reflection on practice.

2 as a means of providing evidence that they had achieved the learning outcomes and prescribing competencies required by the Pharmaceutical Society. This would enable them to gain an additional professional qualification and be accredited as supplementary prescribing pharmacists.

The contents of the twelve sections of the *Reflective Portfolio* are summarised in Appendix 1. A brief overview of the component parts of learning and professional practice that learners were guided to reflect on in each section is also included. Personal reflection on the *Reflective Portfolio* as my project progressed and research questions developed led me to conclude that I had created a portfolio that embedded a supporting structure for reflection on learning and reflection on practice. Post-hoc analysis and interpretation made me realise that it comprised three dimensions, with two elements associated with each dimension. These are summarised in Figure 2.1 and Table 2.1 that follow.

Figure 2.1: 3-D representation depicting dimensions of reflection

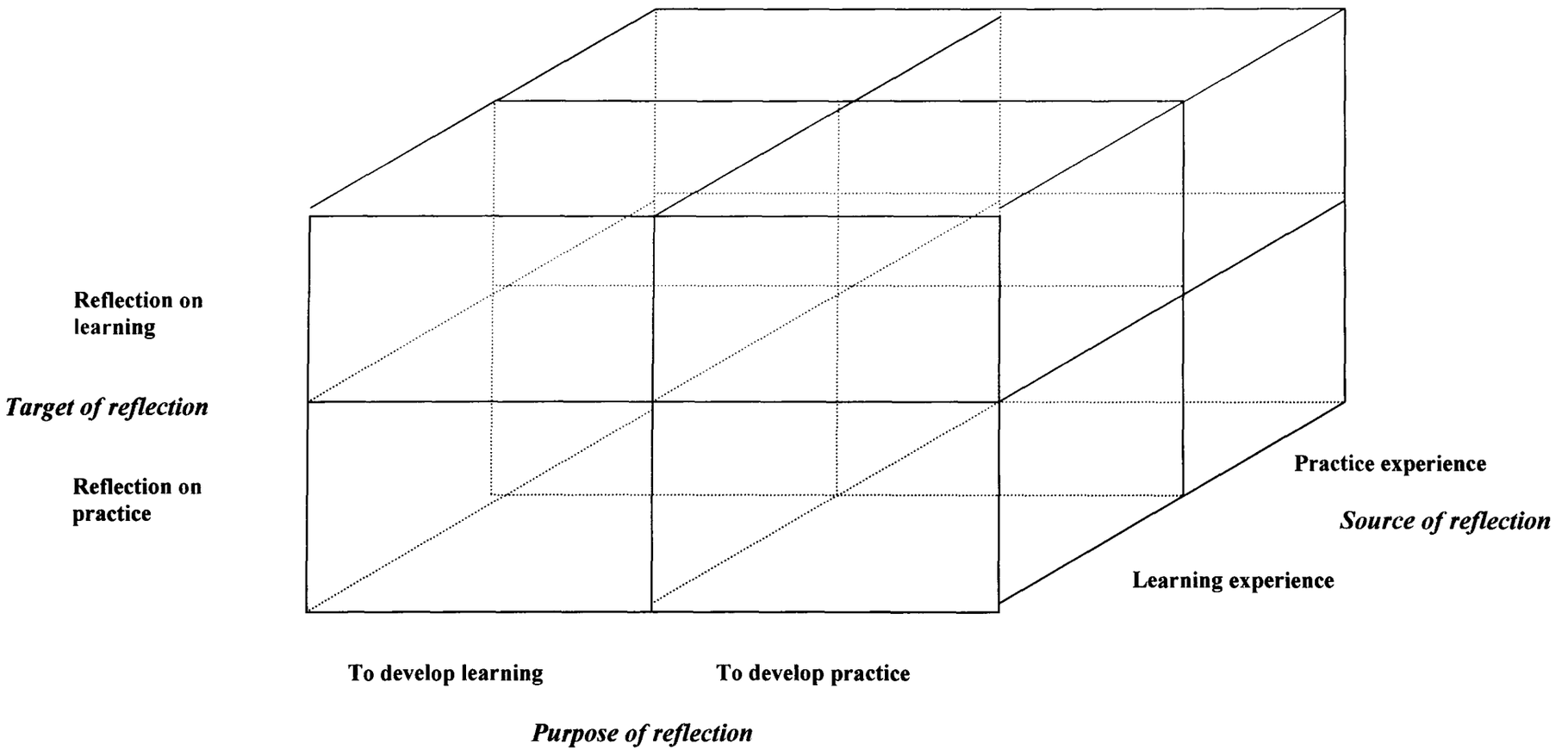


Table 2.1: Dimensions of Reflection within the *Reflective Portfolio*

Dimension 1	*Source* of reflection	• Learning experience • Practice experience
Dimension 2	*Target* of reflection	• Reflection on learning • Reflection on practice
Dimension 3	*Purpose* of reflection	• To develop learning • To develop practice

Therefore, the supporting structure for reflection that I had created included eight categories of reflection that were defined as shown below in Table 2.2.

Table 2.2: Categories of Reflection within the *Reflective Portfolio*

	Developing knowledge and understanding		**Developing and improving pract**	
Reflection on Learning	1) Reflection on learning through a practice experience in order to develop knowledge and understanding.	2) Reflection on learning through a learning experience in order to develop knowledge and understanding.	3) Reflection on learning through a learning experience in order to develop and improve practice.	4) Reflection learning th practice ex in order to and impro practice
Reflection on Practice	5) Reflection on practice through a practice experience in order to develop knowledge and understanding.	6) Reflection on practice through a learning experience in order to develop knowledge and understanding.	7) Reflection on practice through a learning experience in order to develop and improve practice.	8) Reflection practice th practice ex in order to and impro practice.
	Practice experience	**Learning experience**		**Practice experienc**

This led me to strengthen my belief that a *Model of Reflection* would emerge from my research, through further exploration of these dimensions and categories of reflection with research participants.

As well as having provided the supporting structure for reflection within the *Reflective Portfolio*, I also included prompt questions at the beginning of most sections as guidance for the learners to help facilitate reflection on learning or reflection on practice. Well into the period of my research project, I discovered that work had been

published around the value of similar lists of questions, for example, Atkins and Murphy (1993), Boud *et al* (1985), Burns and Bulman (2000), Driscoll and Teh (2000), Johns (2004), and Rolfe *et al* (2001). These were referred to as 'models of reflection'. I had never considered my lists of questions for learners to ask themselves as a *model* of reflection. My conception of what a model is was different, and probably heavily influenced by my scientific background as a pharmacist, and my experience as a learner on a MBA course that included 'systems science' within the curriculum. However, this further strengthened my belief that there was a *conceptual* model of reflection as yet unarticulated in the literature; a model that would highlight the important elements and connections to show how reflection 'works', and why it might not work for some individuals. Conceivably, this might include the 'models' previously published and the supporting structure of the eight categories of reflection that I had intuitively designed into the *Reflective Portfolio*.

The *Prescribing Course* participants who took part in my research project helped me to develop the *Model of Reflection* further through answering my research questions. The next chapter (chapter 3) describes how I collected data from *Prescribing Course* participants using focus groups and individual interviews, and the thinking behind my choices within the context of the methodological issues. It also describes how I analysed the data.

CHAPTER 3

CAPTURING THE LEARNERS' VOICES

This chapter sets out how I gathered data, and my justification for the choices that I made. The purpose was to find out what the *Prescribing Course* participants' views were about learning, reflection and using a written *Reflective Portfolio*, to enable me to answer the following research questions:

- What do postgraduate pharmacy students perceive learning to be?
- What approaches to learning do they adopt for learning and professional practice?
- How do they perceive and use reflection in relation to their learning and professional practice?
- How does dialogue-with-self facilitate reflection in relation to learning and professional practice?
- What do they perceive as the positive outcomes of, and obstacles to, reflection?

It was anticipated that the data collected would provide the key contribution to completing the conceptual *Model of Reflection* and answering the final research question:

- Can a model of reflection be developed to explain the nature of reflection in the context of learning for professional practice?

Data was collected using two qualitative methods:

1. Focus group discussions
2. Individual interviews

Justification for this choice follows in the next section of this chapter.

METHODOLOGY

General

Published literature abounds with discussion and debate around the epistemological and ontological research methodologies (Usher *et al*, 1997). Epistemological issues largely revolve around positivism and interpretivism. Positivism explains reality through scientific laws, rules and statistics. At the other extreme, interpretivism places the emphasis on understanding reality from the experiences, thoughts and actions of individual people in their social world and surroundings. Ontological issues focus on the individual(s) in their social world where there are two principal positions in relation to reality - objectivism and constructionism. The objectivist position is that individuals conform with rules and expectations. In contrast, the constructionist position sees the individual making sense of, and constructing their own, social reality that shapes their personal perspectives.

Similarly, debate abounds in published literature (Hammersley, 1993; Mays and Pope, 1995; Usher *et al*, 1997) around the relative merits of quantitative and qualitative research methodologies, and their epistemological and ontological principles. In particular, the connections between theory and research requiring deductive and inductive approaches for quantitative and qualitative methodologies respectively have been widely discussed. In reality, the distinction is arguably not particularly helpful or appropriate since much research will usually contain elements of both.

In light of my research aim and questions, and who the participants were, a qualitative methodological approach was considered most appropriate. The participants were individuals who had been exposed to something new to them in their professional and possibly personal worlds, and little had already been published in this field in relation to pharmacists. The epistemological and ontological bases were therefore in interpretivism and constructionism respectively, and

a phenomenological perspective (Sim and Wright, 2000) was adopted to explore the issues with participants since I was interested in their experiences from their viewpoint as the individuals being studied. An inductive approach was used to generate theory about a *Model of Reflection* from the research data gathered

.

My choice was also based on evidence from the literature of proven success of the methodology in relation to the exploration of student learning elsewhere. Richardson (2000) provides a detailed, critical account of the research into approaches to learning that has been published in relation to campus-based and distance learning students. The principal methodologies used in this field of research have been qualitative investigations based upon the use of un/semi-structured interviews, and quantitative investigations using formal inventories or questionnaires. This also supports my position that a phenomenological perspective and an inductive approach to data generation (Glaser and Strauss, 1967; Henwood and Pigeon, 1993; Mason, 2002; Smith 2005; Trochim, 2000) were most appropriate for *Prescribing Course* participants. These allowed me to explore the areas of interest as widely as possible without being constrained by an initial hypothesis to test within a deductive approach using a hypothetical-deductive method (Mason, 2002).

Methods of Enquiry

Open, qualitative methods of enquiry, such as one-to-one interviews or focus group interviews, have been widely used in research (Harvey, 1998; Kruegar and Casey, 2000; Mason, 2002; PLUM, 1996; Simpson, 2002; Smith, 2005). They are suitable for explorative studies and to elicit in depth the various attitudes held by individuals or groups.

McCollum and Calder (1995) described how an illuminative approach, using a variety of methods, was useful in helping to develop an understanding of a complex social process. Holt *et al*

(1989, 1990) used this approach in their studies of MBA students who participated in a distance learning course.

In Morgan (1993) the importance of qualitative-illuminative research in the exploration of student learning was evident. Holt *et al* (1989, p.178) praised the:

> ...great strength of qualitative longitudinal research...to track [MBA] participants through their own professional development...make some collective sense of the process of professional change and growth....

The research into student learning presented in Marton *et al* (1997) was almost exclusively carried out using qualitative methods of enquiry. Entwistle (1997, p.13) argued the benefits of a qualitative methodology that provide, "...an empathetic understanding of what is involved in student learning...", over quantitative methodologies that use, "...formal mechanical models which embody assumptions about fixed paths of causality".

As methods of enquiry, focus groups and individual interviews have complementary strengths that I felt would provide the data to answer my research questions. Focus group discussions draw on the strength of interactive discussions between a number of research participants at the same time, to:

> ...explore and clarify views in ways that would be less easily accessible in a one-to-one interview. (Kitzinger, 1995, p.299).

One-to-one interviews, have the strength of providing information that is more detailed and illuminative, through thick descriptions (Schofield 1993) and therefore they can be used to explore further the issues raised by focus groups. My research therefore combined data collection from focus groups and subsequent individual interviews with *Prescribing Course* participants.

Focus Groups

My study was very much an exploration of views with students who had been exposed to a learning process that was explicitly reflective in its nature. It was a type of learning experience that was, from informal comments made to me by students, new to them. It was also a new experience for me as a tutor to deliberately promote learning in this way, and *Prescribing Course* participants were the first to take part. Therefore, I felt justified in exploring my research questions within an inductive approach. The focus group approach is an effective means of generating information that informs the researcher of the key issues that can then be explored in more depth later on using other means (Kitzinger, 1995; Kruegar and Casey, 2000), such as individual interviews. I also felt justified in using focus groups, rather than one-to-one interviews during the first stage, since I was starting with a 'clean slate' in relation to the topic of my study. This was the first time that I had formally explored these issues with learners, and little had been generally published relating to reflection and pharmacists. The focus groups were also intended to provide data that could be explored further and in more depth with individual interviews.

Capturing the Voices of Focus Group Participants

A focus group procedure requires that a topic discussion guide or questioning route (Kruegar and Casey, 2000) be developed. An unstructured or semi-structured question schedule can be used depending on how much openness the researcher wishes to allow within the group's discussions. My aim was to allow the groups free and open discussion, while ensuring that issues pertaining to the research aim and questions were addressed. In this respect a semi-structured focus group interview guide was developed that, whilst allowing open discussion, included prompts to use should particular issues not emerge naturally in the discussions (Smith, 2005). The guidance given by Kruegar and Casey (2000) regarding the qualities

of a good questioning route was also followed. The question schedule and questioning route is produced in full in Appendix 2. The focus group was initially engaged in discussion by asking them to comment on the descriptions of approaches to learning that were printed on a set of numbered cards. The phrases presented on the five numbered cards were adapted from Saljo (1982) and Marton *et al* (1993). This introduced an initial element of structure that also risked leading the participants, but I felt this was necessary to provide a steer for them since they had been brought together to discuss learning and not their new roles as prescribers. It was clear to me during the pre-focus group gathering that they were eager to share their experiences as new prescribers; this might have continued into the focus group session had they not been led onto the topic of interest, i.e. learning.

Having reflected on the first focus group interview conducted, I was aware that I had adopted a more structured approach than I had intended, and had been too quick to interject with prompt questions. I therefore reviewed the focus group guide, and my approach to questioning in my role as moderator, prior to conducting the other two focus groups.

The revised questioning route principally omitted a specific question about educational orientation to the course, other than as part of the 'warm-up' question at the start. I did not feel it necessary to pursue this question further in light of the data collected from the first focus group. Nothing new in this respect was emerging that had not already been widely reported in the literature. Having asked a question, I allowed the group to explore freely the issues they thought relevant. I avoided interrupting them other than to ask them to clarify or expand on a particular point, or to bring them back to the question if their discussions moved on to topics too far removed from the research aim and questions.

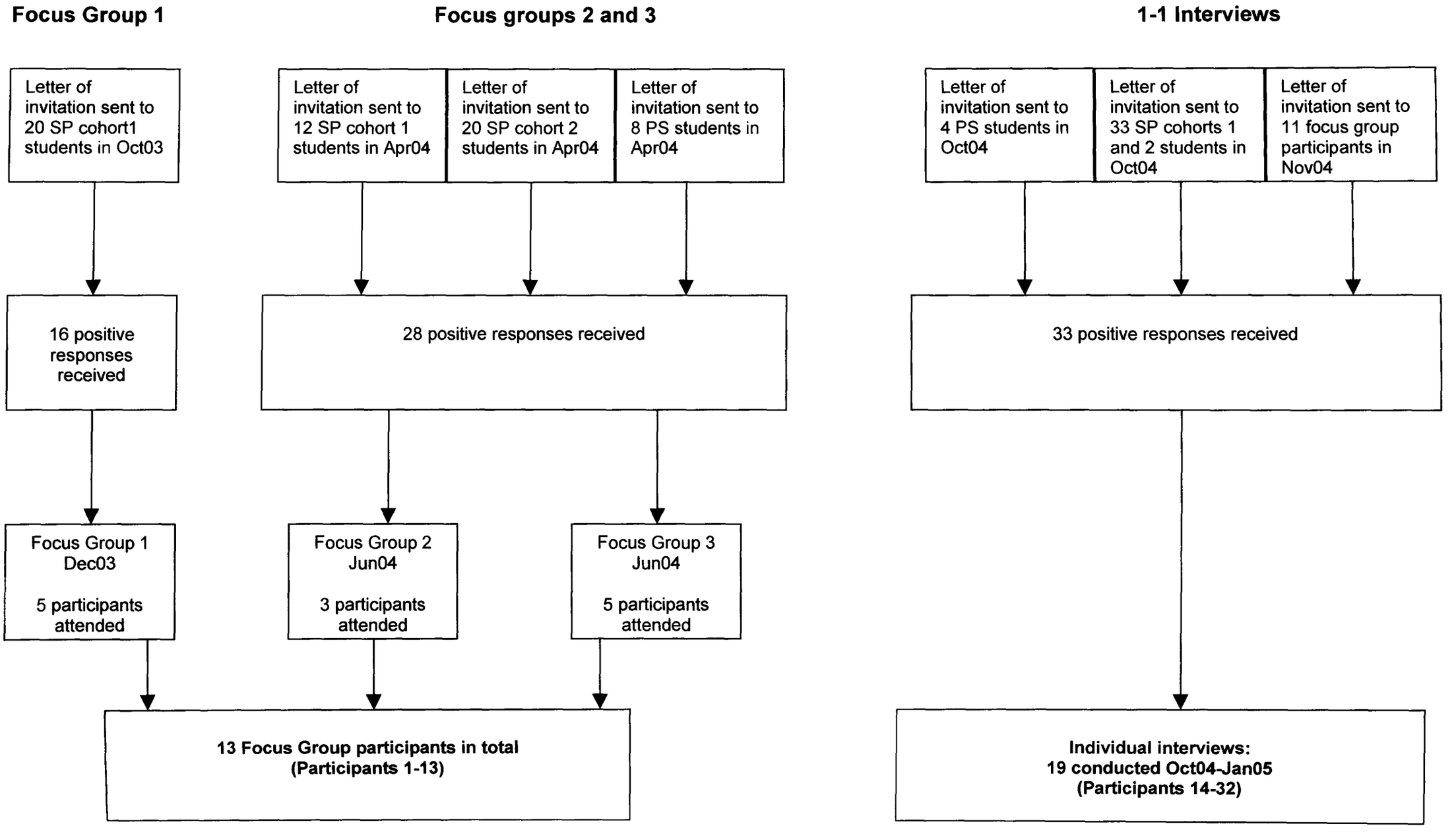
Each focus group lasted 2 hours.

Recruitment of Focus Group Participants

It was unlikely that the data from a single focus group would identify all the potential issues and themes that would be relevant to answer my research questions. It is common practice for multiple focus groups to be conducted until the researcher is satisfied that the data has revealed all the themes (Kruegar and Casey, 2000). Appreciative of limitations on time and resources, a total of three focus groups, one in December 2003 and two in June 2004, were conducted. A summary of the recruitment of participants is shown in Figure 3.1, and summarised as follows.

Doctorate in Education
Summary of Recruitment of Participants

(SP = Supplementary Prescribing course; PS = Prescribing Studies course)



Focus Group 1

A letter was sent from me in October 2003 (see Appendix 3) to all twenty students who registered on the *Supplementary Prescribing Course* in September 2003, inviting them to participate in the focus group. This was the first cohort on this new course, and the first group of students to be exposed to such an explicitly reflective learning approach so I felt it appropriate to invite all to participate. In effect, I adopted a purposive approach to recruitment. Conscious of the possible effect of my role as one of their tutors, and mindful of potential problems pertaining to practitioner research (Campbell *et al*, 2004; Cockley, 1993; McGinnis, 2001; McNiff et al, 1996; Richard and Emslie, 2000; Zeni, 2001), I attempted to construct the letter so that I was appealing to them as one student to another, rather than through the potential power relationship of tutor-student. Replies were sent to my home address. I acknowledge that this approach could have been potentially problematic. I was asking these individuals to suspend some knowledge of their real world, or their social reality, in which I was or had been their tutor, while expecting them to share their real world with me for my research.

A choice of dates, times and locations was also sent with the letter since I was conscious of the fact that they were also working health professionals as well as part-time students and wanted to give them as much choice as possible.

From the sixteen students that responded, it was possible to conduct one focus group of nine participants in December 2003. A letter (Appendix 4) was written to confirm their participation.

Focus Groups 2 and 3

A letter, with only minor modifications to that sent to recruit the first focus group, was sent in April 2004 to the following 40 students, inviting them to participate in a focus group:

1. Twelve students who registered on the *Supplementary Prescribing Course* in September 2003. These were the students who had not been able to participate in the first focus group, but who had indicated that they were willing to participate in the research.

2. The twenty students who registered on the *Supplementary Prescribing* course in January 2004. This was the second cohort of this new course.

3. The eight students who were pharmacists registered on the *Prescribing Studies* certificate course in October 2003.

As before, a choice of dates, times and locations was sent with the letter.

Twenty-eight students responded that they were willing to participate in the research. From the range of choices indicated, it was possible to conduct two focus groups of ten participants in total on two separate days in June 2004. As before, a letter was written to students to confirm their participation.

Focus Group Process

Focus Group 1

Five students attended and participated in the focus group. Illness and unexpected work commitments prevented the other four from participating. The discussions were audio-taped in full. A letter of thanks was sent to each participant together with a reply slip to confirm that they would be willing to be contacted again for other stages of the research (Appendix 5).

Focus Groups 2 and 3

Eight individuals attended and participated in the focus groups held in June (three for group 2; five for group 3). Unexpected work commitments prevented a further two from participating. As before, discussions were audio-taped in full, and a letter of thanks was sent to each participant.

Collating the Views from Focus Groups for Analysis

I conducted the following activities: full transcription of all audio tapes and manual analysis of the transcripts. Kruegar and Casey (2000) state that focus group analysis must be:

> ...practical, systematic and verifiable.... (Kruegar and Casey 2000, p.126)

to categorise the data and identify emerging themes. The analysis was undertaken based on a grounded theory approach (Boulton and Hammersley, 1996; Glaser and Strauss, 1967; Henwood and Pidgeon, 1993). On first reading, the transcripts were annotated in pencil to identify the key emerging themes. A second reading identified additional themes. During a third reading some days later all the page numbers from the three transcripts that contained a particular theme were identified. These pages were printed off separately for each theme and focus group, and the relevant narrative highlighted by marker pen and grouped according to each theme for analysis.

Procedure for Individual Interviews

In early October 2004 I wrote to the 37 students originally contacted, but who had not previously participated in a focus group, inviting them to participate in a one-to-one interview sometime between mid-October and end of February. They were sent a letter of invitation and 'Calendar of Dates' form (see Appendix 6) to return with their

preferred choice of dates for interview and location. Twenty-four responses were received in total; all agreed to participate. Seventeen were sent confirmation of their participation, date, time and location by e-mail. Subsequently, three failed to take part due to personal problems that arose. Fourteen interviews were conducted as shown in Appendix 7 (summary table).

In November 2004, a letter (Appendix 8), and a 'Calendar of Dates' form covering December to March, was sent to eleven pharmacists who had participated in one of the three focus groups. They had agreed that they could be contacted again at later stages of the research to participate in a one-to-one interview. Nine responded their willingness to be interviewed. Five were subsequently interviewed as shown in Appendix 7 (summary table).

Capturing the Voices of Individual Interviewees

Informed by the literature (Barbour *et al*, 2000; Bell, 1999; Britten, 1995; Mason, 2002), and in keeping with the inductive approach to my research, I developed an interview schedule (Appendix 9) that was conducive to a mainly unstructured interview. The main themes that had emerged from the focus groups were used and prompt questions were developed to introduce the theme to interviewees where the theme did not emerge naturally during the interview. Each interview was started off in the same way, and for similar reasons, as for the focus groups by asking the interviewee to comment on the descriptions of approaches to learning that were printed on a set of numbered cards. Otherwise, I made on-the-spot decisions about the questions to ask as each interview progressed (Mason, 2002). I also aimed to use a grounded approach (Glaser and Strauss, 1967) to the interviews by exploring some themes to a greater or lesser degree with individual interviewees as seemed appropriate to saturate data collection for a particular theme. However, all themes were explored with all interviewees.

Interview Process

A total of nineteen participants were interviewed by me at a time and location of their choice, usually home or their workplace (see Appendix 7 summary table). All interviews were audio-taped in full. I felt it was important to present myself at the interview, as I had done in the recruitment letters, as an Open University student and not a Keele tutor (see Appendix 9, interview schedule pre-amble). This was done in an attempt to address some of the issues relating to practitioner research (Campbell *et al*, 2004; Cockley, 1993; McGinnis, 2001; McNiff et al, 1996; Richards and Emslie, 2000; Zeni, 2001), particularly their perception of my identity and role. This was an ethical dilemma for me since neither role is mutually exclusive given the topic and subjects of my research, but I felt that they would not have agreed to see me if they had been concerned about any conflict of role. All welcomed me warmly for the interviews and the mainly unstructured nature of the interviews allowed open conversational dialogue between peer pharmacists. At the end of each interview I asked the individual if they wished to have a copy of their transcript. All declined the offer, but several indicated that they would be interested to have a copy of any papers that I might publish as a result of the study.

Collating the Views from Interviewees for Analysis

The audio tapes resulting from the first thirteen participants to be interviewed were transcribed in full by me. The remaining six were partially transcribed since during these interviews it was apparent that no new themes were emerging and that saturation in this respect had been reached.

All transcripts were analysed manually by me using a similar strategy to that used for the focus groups. On first reading, the transcripts were annotated in pencil to code them for the themes that had been identified by the focus groups. A second reading was used to identify sub-themes and additional themes, and opposing and contrasting

views. During a third reading some days later all the page numbers from the transcripts that were coded for a particular theme/sub-theme were identified. These pages were printed off separately for each theme/sub-theme and individual interviewee, and the relevant narrative highlighted by marker pen and grouped according to each theme/sub-theme for analysis.

SUMMARY OF THE PARTICIPANTS

As indicated earlier in this chapter, thirteen individuals participated in the focus groups. Nineteen participated in individual interviews; five of these had also participated in one of the focus groups. Therefore 27 different individuals participated in this study in total, which was 56.2% of the total number of students contacted initially to take part. Overall, only one participant was a student on the *Prescribing Studies Course*; all the others were *Supplementary Prescribing Course* participants from cohorts 1 and 2. Twelve of the participants were female. This ratio of female:male participants (2.4:3) was representative of the gender ratio (2.7:3) of all students in cohorts 1 and 2 of the *Supplementary Prescribing Course*. The mean age of participants was 41 years.

Each focus group lasted two hours, and the mean interview time for individual interviews was 55 minutes, as indicated in Appendix 7. All participants' demographic details are summarised in Appendix 10, together with a glossary that explains their area of pharmacy practice.

The four chapters that follow present and discuss the participants' views. Each chapter integrates a review of the literature that is relevant to the specific research question(s), the *Prescribing Course* participants' views that emerged in relation to the relevant theme(s), and interpretation and discussion relating to the literature. I believe this to be the most appropriate style of presentation given that my research was based in a grounded theory approach.

CHAPTER 4

VIEWS ON LEARNING

Analysis of the transcripts from the focus groups and individual interviews resulted in the identification of the eight main themes listed below.

1. Traditional, academic learning and non-traditional, reflective learning
2. Reflection as 'norm' for professional practice
3. Levels of reflection
4. Reflective writing/dialogue-with-self
5. Inward and outward focus of the *Reflective Portfolio*
6. Affective dimension of reflection
7. Obstacles to reflection
8. Enlightenment, empowerment and emancipation through reflection

This chapter encompasses the issues raised for the first theme and focuses on *Prescribing Course* participants' views of learning.

The following research questions are of principal relevance:

- What do postgraduate pharmacy students perceive learning to be?
- What approaches to learning do they adopt for learning and professional practice?

It was anticipated that answering these questions would provide insight into *Prescribing Course* participants' previous experience of education and learning. This would provide some context for their views on, and engagement with, reflection/reflective learning that was an integral part of the *Prescribing Course*.

The chapter integrates a review of the literature that is relevant to these specific research questions, the *Prescribing Course* participants' views that emerged in the theme *traditional, academic learning and non-traditional, reflective learning*, and interpretation and discussion relating to these and the research questions and published literature.

The views presented and discussed in this chapter, and in chapters 5-7, were those expressed by most participants, except where it is specifically stated that they were expressed by one or two as 'exceptional' examples that were felt to be of particular value to the overall research.

TRADITIONAL AND NON-TRADITIONAL LEARNING

Orientations to Education

Knowledge and learning are inextricably part of education. This applies to undergraduate and postgraduate learners, learners at a distance or those working within a 'conventional' face-to-face learning environment. This is also applicable to all disciplines, including *Pharmacy* that is the focus of this research. Knowledge and learning can be defined at a *macro level*, the broad picture of education, in the context of 3 principal orientations to education (Chambers, 1993, 2001a and b):

(i) Liberal/humanistic orientation, where knowledge and learning is about becoming expert in a particular genre, for example the study of 12th century art in Europe, while relating/comparing this to present day circumstances - social, political, economic. Students develop a range of generic interpretative and interrogative skills. However, at the end of the day, study, knowledge and learning could be seen to be for 'their own sake'. The learner could be accused of selfish pursuit of knowledge and intellectual development since society need not ultimately benefit from their pursuits. It is embedded in a

constructivist approach to learning and therefore reflection is arguably one of the elements of this educational orientation.

(ii) Technical/vocational orientation, where knowledge and learning is about becoming competent to carry out particular tasks and functions that relate directly to a particular job or professional vocation. It could be described as the 'how to' orientation, and is embedded in factual knowledge and a *behaviourist* approach to learning. The individual and society ultimately benefit - the individual by being employable, and society from their labours.

(iii) Emancipatory orientation, which is similar in many respects to the liberal/humanistic orientation, particularly in its *constructivist* philosophy, but with more of an emphasis on *critical thinking and reflection* (Brookfield, 1987). The goal is to influence or change society (or self) in some way. Study, knowledge and learning have an altruistic element to ultimately help others, for the 'greater good'.

Particular orientations would be more or less familiar to some disciplines compared to others. In my experience as a learner and educator, *Pharmacy* would struggle to find compatibility with the liberal/humanistic orientation, and to a lesser extent with the emancipatory orientation, since the technical/vocational orientation has dominated historically. *Prescribing Course* participants were obviously mostly familiar with the latter and referred to learning using the terms "...traditional..." or "...academic..." learning:

> *Academic learning is regurgitating facts... (Participant:2)*

> *...the traditional way that I've always learned is very factual, it was sort of like traditional education as we did at school and university...(Participant:5)*

They attributed these to the undergraduate pharmacy courses that they had completed, and also some postgraduate pharmacy courses.

They discussed this and differentiated and contrasted what appeared to be this fundamental perception of learning with the *Prescribing Course's* emphasis on adopting a reflective approach to learning. The latter was viewed as different or 'non-traditional' with its emphasis on reflective learning.

The liberal/humanistic orientation and the emancipatory orientation share the educational philosophy that is described as *constructivism*. In broad terms a constructivist perspective on how individuals learn views the learner making meaning from what is available to them in their world, and developing a deeper understanding in relation to the focus of that learning than would be achieved using other approaches, particularly behaviourist. A constructivist approach to learning involves learners interacting with what they already know and believe, including their opinions, and investigation and analysis of, and activity related to, learning resources. Problem-solving, tackling dilemmas, and shared learning through collaboration with others are also relevant to a constructivist approach. So too is using reflection for learning. It is compatible with what is currently widely referred to as *self-directed learning*. The Piagetian view of constructivism (psychological constructivism), and the Vygotsky school of thought on constructivism (social constructivism) are both relevant. The Piagetian view is that learning is primarily for individual development, learner-centred, and therefore compatible with the liberal/humanistic orientation to education. The Vygotsky view emphasises individual development through social interactions and exposure to the challenges of cultural assumptions; education and learning are for social transformation (Abdal-Haqq, 1997), and therefore it is compatible with the emancipatory orientation to education.

The behaviourist approach, or objectivist view (Schön, 1987), that has historically dominated the technical-vocational orientation, or *technical rationality* as described by Schön (1987) in the context of professional practitioners, is at the opposite end of a continuum to

constructivism. It is the approach that individuals with a scientific background, such as pharmacists, and those that influence Pharmacy education, are likely to be most familiar and comfortable with. It regards the learner as a receiver of knowledge that the teacher provides through direct instruction, and has decided is appropriate. It requires the learner to produce the 'right answer', rather than valuing the learner's freedom to approach a task in their own way to reach a personal understanding. In a professional context:

> ...knowledge rests on a foundation of facts. (Schön, 1987, p.36)

This was also the view expressed by *Prescribing Course* participants. However, given the complexities of professional practice, the technical-vocational orientation has severe limitations in relation to tackling anything other than simple problems (Atkinson and Claxton, 2000).

Prescribing Course participants used the expressions "scientific" and "arty" or "touchy-feely" to contrast between the traditional approach to learning, that they had experienced and were comfortable with as pharmacists and scientists, and the new reflective learning approach that they had to engage with on the course:

> *...as a scientist, I felt that the touchy-feely bit about learning is a waste of my time, and I don't really need to do that. I'll just deal with facts thank you very much. I'm comfortable with that. And having actually been forced into doing reflective learning, I now feel that it's very helpful... (Participant:26)*

This was not unexpected, and is also supported by Ramsden's findings, with undergraduates, that there were:

> ...systematic differences in students' perceptions of appropriate ways of learning in arts and science disciplines... (Ramsden, 1997, p.215)

Prescribing Course participants also felt that some traditional pharmacist roles e.g. checking prescriptions and dispensing medicines, which require accuracy at all times, facilitated by robust routines and procedures, had helped to embed the 'traditional', scientific, behaviourist approach to learning. They perceived that, in general, pharmacists held a view of learning that required things to be 'right or wrong', 'black or white', with none of the 'greyness' or lack of structure that the 'non-traditional' ways of learning introduced:

> *...as pharmacists you need to have some sort of structure. It's ingrained in the [undergraduate] training, and probably still is [in daily practice]...it's to do with dispensing... you have to get it right all the time...there's no half measures...and that changes the way you think about the rest of the world ... (Participant:23)*

Schön (1987, 2002) also found this in his studies of major professions where there was:

> ...presumed to be a right answer for every situation... (Schön, 1987, p.39)

for those operating within the technical-rationality model, including pharmacy (Clouder, 2004).

In contrast, constructivist principles embed learning in realistic and relevant contexts. They embed learning in social experience through collaborative learning and provide experience with the knowledge construction process. They also provide experience in and appreciation for multiple perspectives, from the ideas of many (Kirkley and Duffy, 1997; Scheepers, 2000). A constructivist

approach can be used to allow the learner freedom in how she or he develops their knowledge, skills and attitudes to attain competency and achieve learning outcomes by designing the learning experience to include opportunities for enquiry, discovery and self-examination. This can be achieved through critical analysis and structured reflection on learning from course materials, personal experience and situated learning (Kerka, 1997), and learners' existing personal perceptions, values and beliefs.

Although potentially unfamiliar to them from previous educational experiences, constructivist principles and the educational means to their achievement, should be key to learners like *Prescribing Course* participants. This is because they generally have a significant vocational orientation to their education, and their learning is embedded in a community of professional practice (Wenger, 1998) that shares historical educational roots and a repertoire of practice. The *Prescribing Course* programme embraces these principles in its design, particularly within the *Reflective Portfolio*.

However, educational orientations are not rigid, and constructivism, which is analagous with reflection, and a technical-vocational orientation are not incompatible (Atkinson and Claxton, 2000), particularly when the attainment of professional competency and intended learning outcomes are required, as is the case for the *Prescribing Course*. This view was also supported by Schön (1987) and Wenger (1998) in the context of *communities of professional practice*, and is relevant to the identifiable professional community in which pharmacists, such as *Prescribing Course* participants, practice. In a wider context, Daniel (1996) argued that conceptions of knowledge were changing in general. This suggests that educators need to approach teaching to enable all students to be, in the words of Evans and Nation (1989b, p.39):

> ...key agents in their own learning...

Brockbank and McGill (1998), and Rogers (2002) proposed that there is no one way in which all learning is carried out, and little agreement among researchers about what learning is, and that we have to be:

> ...wary of adopting any all-embracing theory of learning that implies exclusivity (Rogers, 2002, p.8).

Rogers expressed a reasonable view in relation to the cross-over of learning theories, and the existence of a continuum across orientations. *Prescribing Course* participants also perceived compatibility between orientations. Although some focus group participants expressed reservations that this new, 'non-academic' way of learning might be at the expense of the traditional way of accumulating the 'scientific' knowledge and facts that they felt were necessary to ensure up-to-date clinical practice, individual interviewees expressed this differently. They viewed the two as synergistic rather than at odds, with some referring to a social awareness that had emerged in their interactions with patients that had previously been unknown or unrecognised:

> *...it's really useful to take in the human dimension which I suppose in the past, I have to admit, was lacking... what it did do [reflection] was make me think more deeply about the human side [of professional practice]... what you're doing you're adding a new dimension to it [professional practice]...they are compatible [traditional learning methods and reflective learning] and they can run along aside each other... (Participant:29)*

The technical/vocational orientation, or technical rationality (Schön, 1987, 2002), has probably dominated in Pharmacy practice since it is extremely important that practitioners are evidence-based in their approach to professional practice and competent in their professional role, as participants had pointed out in relation to dispensing

medicines. However, the emphasis in the last decade, in health-related and other disciplines such as education, has been on the development of the *reflective practitioner*, i.e. a practitioner who reflects on their professional practice with a view to continually thinking about the quality of practice and improving where necessary. This has required a redefining of professional practitioner knowledge that appears influenced by the work of Schön (1987, 2002). It has resulted in the emergence of 'new' ways of learning such as problem-based learning (Savin-Baden, 2003), or an inquiry-based learning approach (Plowright and Watkins, 2004) to teaching and learning. Like other disciplines, this has seen Pharmacy dipping into other educational orientations, particularly those with a constructivist approach to learning.

However, borrowing Argyris and Schön's (1974, p.6) terms "...espoused theory..." and "...theory-in-use...", much of Pharmacy education, and education for 'health' students in general, has historically struggled to achieve the constructivist, reflective approach to teaching and learning that appears to be increasingly espoused. The 'theory-in-use' regarding orientation to education has, to a large extent, been located in the technical/vocational orientation. While not specifically focussed on Pharmacy, this was criticised generally by Schön (1987, 2002) in his critique of technical rationality. The tendency remains for the transmission of knowledge from teacher to learner to dominate, in a 'teacher as expert' model (Brockbank and McGill, 1998; Freire, 1974). This is in contrast to participating in transformatory learning through critical thinking and reflection, and the encouragement of learner autonomy (Brockbank and McGill, 1998). However, this is gradually changing within the health professions in general (Tate and Sills, 2004).

The views expressed by *Prescribing Course* participants suggested that the 'traditional academic learning' that participants generally experienced at school and as undergraduate pharmacy students had been replaced on the *Prescribing Course*. The learning that they

perceived imposed fixed structures and content (teacher-centred), providing a sense of comfort and a strategy to enable them to cope, appeared to change to become a question of opening up in terms of experience and complexity, through reflection. They also seemed to recognise this as partly a naturally occurring phenomenon related to their role as health professionals, and the fact that they could exercise choice in their learning at this stage in their life. The following verbatim quotations represent these notions:

> *...pharmacy we're used to starting something and finishing it, and all sort of neat and spoon-fed. Whereas reflective learning's not like that is it? (Participant:8)*

> *...and the more practice you have, the more exposure you have, the more you realise that medicine isn't black and white... if anything, it's sort of shades of grey, and they're not particularly easy to differentiate... certainly [that's] what's changed my way [of learning]. (Participant:13)*

> *the best way of learning...nobody's looking over you like 'big brother'...watching what you do, and it's really up to you...and I think it's very important to remember that. (Participant:19)*

Concepts of and Approaches to Learning

In a study that combined quantitative and qualitative methods of enquiry, Aggarwal and Bates (2000) reported that undergraduate Pharmacy students exhibited learning tendencies that could be attributed to different *concepts of learning*. Published literature has generally supported the view that, like academics, learners do not have a homogeneous view of what learning is, and as a result this places limitations on the ultimate richness or depth of their learning experience and quality of the outcomes that they can expect to achieve. Morgan (1995) presented a model of student learning that supported his argument that the learner's *concept of learning* had a

direct influence on a learner's *approach to learning*. In his empirical study of how students learn, Saljo (1982) identified five qualitatively different conceptions of learning, now considered well-established (Marton *et al,* 1993). It is also well established that these represent a hierarchy of learning that progresses from a *surface* to a *deep* approach to learning, identified originally by Marton and Saljo (1976a and b) in their studies of female educational psychology students.

Other researchers, including Biggs and Collis (1982), Bloom (1956, 1964), Gagne (1972), Laurillard (1979), Marton (1976), Pask (1976), and Svensson (1976, 1997), expressed compatible theoretical perspectives on learning in the context of a hierarchy or progression in quality of learning. It is reasonable to assume that *Prescribing Course* participants could have similar concepts of learning that could affect their approach to learning and engagement with reflection/reflective learning.

Bloom (1956, 1964) described a continuum from low-level 'knowledge', to high-level learning strategies, in the cognitive (knowing) and the affective (feeling) 'domains'. He also described a third, psychomotor/manipulative (doing, skill-related) domain.

Gagne (1972) described five major learning domains: motor skills; verbal information; intellectual skills; cognitive strategies; and attitudes. Gagne's description of these domains seemed to combine elements of Bloom's cognitive and affective domains.

Pask (1976) distinguished between the *serialist* student and the *holist* student. Conceptually this is akin to the surface and deep approaches to learning, or the low-level, high level distinctions made by Bloom. Svensson's (1976, 1997) *atomistic/local* and *holistic/global* descriptions of approaches to learning appeared to be another way of describing the same. Biggs and Collis (1982) described the SOLO (Structure of the Observed Learning Outcome) taxonomy. This encompassed five levels of learning quality: pre-structural (lowest

level); uni-structural; multi-structural; relational; and extended abstract (highest level). This taxonomy was applied to describe individual student's performance for a particular task at a particular time. Its application demonstrated that a student can exhibit different levels of learning quality depending on the task, so learners cannot be labelled with a categorisation at a particular level that is fixed. This notion of shifting categorisations is one that seems common to all the theoretical perspectives identified. It raises the possibility that there are underlying problems with these theories/models. Perhaps the complexities of human thoughts and feelings make it impossible to categorise individual learners as these theories attempt to do. Since the nature of the pharmacy undergraduate course could historically be categorised within the technical/vocational orientation to education, or Schön's (1987, 2002) technical rationality model, this will have encouraged a surface approach, not a deep, reflective one. This might have influenced *Prescribing Course* participants' ease of engagement with deeper, reflective learning in their *Reflective Portfolio*.

Prescribing Course focus group participants particularly referred to 'traditional, academic learning' in their discussions around their previous, shared experiences of undergraduate pharmacy degree courses at different UK universities. They predominantly described and attributed to these what has been generally identified in the literature as lower levels of learning or surface learning and the technical-rationality model described by Schön (1987, 2002). In the same way, individual interviewees clearly identified and distinguished between different approaches to learning. They articulated this as 'good' and 'bad' ways of learning, or the simple and more complex approaches to learning that have been identified in the literature; a hierarchy of learning, from accumulation and regurgitation of facts through to application of knowledge that is understood:

> *...but in terms of learning, you know, where it's just regurgitation of facts [surface learning], it doesn't actually*

prove that you understand [deep learning] or can develop that principle....I think that's the important thing, so you apply it [deep learning]... (Participant:16)

Previously published literature around conceptions of learning (Marton *et al*, 1993; Marton and Saljo, 1976a and b) does not appear to have explicitly reported students' feelings regarding qualitative differences between one approach to learning and another, although this could be implied from some of the illustrative quotations they used.

Prompted by the higher level learning phrases that had been adapted from the work of Saljo (1982) and Marton *et al* (1993) to use on two separate prompt cards that initiated discussion in the focus groups and individual interviews, i.e.

- Learning is about developing my own understanding, my own meaning, about things that I'm exposed to visually and orally so that they're fixed subconsciously in my mind and I can express them in my own words when necessary.

and

- Learning is about developing my own understanding, my own meaning, about things that I'm exposed to visually and orally that makes me see things in a different way, or changes me as a person.

Prescribing Course participants related these to reflective learning:

...that's probably all about reflective learning isn't it? 'learning is about developing my own understanding, my own meaning, about things that I'm exposed to visually and orally that makes me see things in a different way, or changes me as a person'. Yeah... (Participant:18)

They did not make this attribution for the lower levels of learning described on other prompt cards. Published literature does not generally report this perceived parallel between higher levels of learning and reflective learning. However, it appears that the students that were the subjects of previous studies around approaches to learning were not studying on courses that used an explicitly reflective learning method so they perhaps had not this experience from which to make such a comparison. Kember *et al* (2001, p.14) also commented that:

> Approaches to learning and reflection are not commonly considered in the same work...

They did not cite any examples, so one concludes that there were none available.

Prescribing Course participants articulated that reflective learning was a better way of learning. They contrasted it with what they perceived as the transient learning, particularly to prepare for formal examinations, that was the result of the lower levels of learning in the hierarchy and the much more permanent, fixed learning that reflective learning nurtured:

> *...Fixed is a good way of describing the more indepth learning that you get when you've [reflected] rather than just memorising a page of writing for example...it fixes in your head then... (Participant:26)*

They also related it to actual work experiences, rather than just "academic learning" that they related to the lower levels of learning:

> *...by learning how to reflect with the [prescribing] course this year, I can sit at work now and think 'how is this going to affect my work situation' and I'm actually using it, and that's real life.*

That isn't just academic learning, it's happening... (Participant:25)

However, all interviewees specifically expressed the view that, what the literature describes as a lower level of learning, *'learning is about increasing my knowledge'*, was a key approach to learning that they adopted. They felt that it was fundamental to their professional practice and ability to keep up-to-date, and that this knowledge would be specific for their needs:

...It [learning] is about increasing my knowledge, but specific to me... (Participant:22)

unlike 'traditional' systems where knowledge is decided by the 'teacher'. They appeared in fact to be expressing a learner-centred, responsible and independent (Silen, 2003) adult approach to knowledge accumulation, rather than the traditional teacher-centred approach that they had experienced at school and as undergraduates. Atkinson and Claxton (2000, p.23) refer to this type of knowledge as:

professional knowledge...grounded in real, live contexts...

However, even when learner-centred, increasing knowledge alone was not viewed by participants as a viable stand-alone approach to learning. They felt that this was a potential source of reflection, to reflect on the knowledge for application to practice, as shown in this quote from Participant 16 :

...'learning by increasing my knowledge', that would apply... there are probably a lot of facts that you have to know as part of your work certainly... that ties in to reflective learning...'cause it's the understanding that's important... (Participant:16)

Rogers (2002) provides support for this view with his assertion that:

> ...without new knowledge there can be no critical reflection. (Rogers, 2002, p. 18)

Therefore, *Prescribing Course* participants were again expressing the synergy between the 'traditional, academic' learning, and 'non-traditional, reflective' learning, or behaviourist and constructivist orientations to learning respectively.

They appeared to view this as accumulating a bank of knowledge that was *learner-centred* and relevant to their professional practice, as opposed to the traditional view of 'banking' that is based on the 'teacher as expert' model (Brockbank and McGill, 1998; Freire, 1974). They felt that this could be drawn on and reflected upon when required for future learning and professional practice:

> *...you sometimes opportunistically attend courses that you know are going to be useful to you although perhaps not at the time...I do sometimes arrange to go on particular training courses, clinical courses, that I'm going to bank [what I've learned]...it is reflective learning...you reflect when you re-visit them [learning materials from courses]. (Participant:26)*

Prescribing Course participants were therefore not only aware of surface and deep approaches to learning, but felt there was a place for all of them depending on the purpose of learning, particularly its perceived relevance to their professional practice. This suggests that the lower levels of learning described in the literature, where the data has been collected principally in relation to undergraduate students, may need to be re-conceptualised. These postgraduate *Prescribing Course* participants appeared to adopt a more complex approach to their learning where the lower knowledge accumulation level of learning provides one source or input for higher level, reflective

learning. Lower levels of learning are no longer discrete, but integrated into a learning approach that is deeper and reflective *per se*. There are similarities in this respect with what Ramsden (1997) found in his interviews with science undergraduate students that:

> ...a deep approach to learning tasks...often demands an initial concentration on details which [are]...hard to separate from a surface approach...[this] descriptive category needs to be redefined...to include this prior stage. (Ramsden, 1997, p.210)

There also appears to be a similarity with the *strategic* approach to learning that has been described in the literature. Laurillard (1979) studied undergraduate science students, and Marton (1976) undergraduate social science students, to describe a third approach to learning, *strategic,* depending on how the students perceived the learning tasks, particularly in relation to assessment. This notion of the *strategic* learner was also implicit in Biggs and Collis's (1982) SOLO taxonomy, and the results of its application, Morgan's (1995) work around the context of learning, and Aggarwal and Bates' (2000) research with undergraduate Pharmacy students. From their use of a learning inventory with over 200 medical practitioners, Newble *et al* (1990) also reported that the surface and strategic approaches to learning predominated at undergraduate level in medical students. They attributed this to information overload, didactic teaching and inappropriate assessment methods. They could only tentatively raise the concern that these inappropriate approaches to learning could persist during postgraduate study and continuing education for practising medical practitioners since their research instrument was only fully validated for undergraduate students.

In their study of undergraduate pharmacy students, Aggarwal and Bates (2000) proposed that it is erroneous to classify individual learners as surface *or* deep learners. They made a reasonable proposal from their data that all pharmacy students are strategic learners whose principal concern is academic achievement. They

adopt surface and deep approaches when it suits the assessment to enable them to achieve academic success since their principal concern is academic achievement. This applied to the cohort of undergraduate pharmacy students who followed a revised, problem-based learning curriculum and the two cohorts who had followed a 'traditional' pharmacy curriculum.

However, *Prescribing Course* participants suggested that a more complex notion of the strategic approach is required for postgraduate professional practitioners. They expressed an integration of what has so far been described in the literature as surface and deep learning into a strategic approach that uses elements from both to achieve a higher level of learning for professional practice.

As well as the strategic approach, Laurrilard (1979) and Marton (1976) also used terms akin to deep and surface approach i.e. *comprehension learning* and *operational learning*, and found that undergraduate students' approaches to learning depended on the context, content and the demands of the learning tasks. Ramsden (1997) developed the theme of 'learning context' in relation to students' interests and experiences of learning tasks, effects of course design, teaching and assessment, the subject area, and study orientations and perceptions of academic departments.

In relation to Pharmacy, Aggarwal and Bates (2000) reported that approach to study in undergraduate Pharmacy students appeared to be dependent on the environment, the teaching, and perceived relevance of the subject and the learning tasks. However, Aggarwal and Bates' used a methodology that required some subjects to rely on their memory to recall their approach to study some years after completing their undergraduate course. This places some doubt on the reliability of their results, but my personal experience of pharmacy undergraduates and postgraduates has led me to concur with these findings. Silen (2003) also reported similar findings in relation to undergraduate nursing students whom she interviewed

and observed, although the method of data collection described in her paper was fairly vague.

Given the convincing evidence published in relation to concepts of learning and learning context, it is unlikely that *Prescribing Course* participants would prove remarkably different in this respect. The context for these learners is predominantly a professional one since their main motivation for doing the course is likely to be professional development and career progression, not academic attainment.

Prescribing Course participants articulated similar perceptions about how their undergraduate pharmacy courses had instilled inappropriate, low level ways of learning. It also appears that these ways of learning had been continued in their professional lives until a change was prompted, principally by the reflective learning approach used by the P*rescribing Course*. This has resonance with Newble *et al's* (1990) findings with medical practitioners who persisted with low level, surface learning into their immediate postgraduate years until they were exposed to additional academic postgraduate education. However, *Prescribing Course* participants seemed to articulate an emerging increasing complexity in learning approach that suggested that the context of learning for *Prescribing Course* participants had facilitated an awareness of a change in their approach to learning from essentially a surface to a deep approach. This was also related to a gradual transition with the passage of time, maturity as an individual, and their role and experiences as health professionals:

> *...[reflective learning is]... making you stop and think and apply what you're learning, which I don't think you do at university...now...ten years post-graduate, you're more able to do that [for the Prescribing Course] because you've...experience...so then what you're learning you can actually apply in real life [referring to professional practice]...(Participant:26)*

Newble *et al* (1990, p.108) tentatively proposed that:

> ...it does not seem as if seniority or amount of clinical experience has any significance on how physicians approach their learning.

This seems to be the opposite of what participants in my study perceived. However, Newble *et al's* data suggested that physicians with additional formal postgraduate education tended to show a deep approach to learning. All but one of the participants in my study had already completed a postgraduate diploma before embarking on the *Prescribing Course*, so this perhaps makes any conclusion less clear cut with regard to the contribution of clinical experience to their development as deep learners. It is also difficult to draw clear comparisons between my data and that of Newble *et al* given the differences in methodology and Newble *et al's* caution that the quantitative instrument that they used was not fully validated for postgraduate physicians.

Prescribing Course participants felt that there was a need to introduce 'non-traditional' ways of learning during early learning experiences such as school, and at first-degree level to develop skills in preparation for later life. This change was welcomed where it had occurred within participants' own families:

> *...I'm aware because of what my son does in his [Medical] course now, that reflective learning...is what's happening now, and I'm really pleased to have gone through a process that allows me to try and learn in a way that is becoming mainstream... (Participant:28)*

Participants also seemed to be expressing a sense of liberation from the technical-rationality/vocational model that was inherent in their undergraduate pharmacy courses. However, the transition to 'non-traditional' ways of learning posed some challenges. Some

participants felt that this challenged their comfort zone, but that this was not unwelcome:

> *...when I first started [reflective learning]...I was completely lost and thinking 'oh my god'...I've gone past this, I can do this now...which is nice. (Participant:17)*

More data will be presented later in this thesis (chapter 7) in relation to the *affective dimension* of reflection that Participant 17 expressed.

Prescribing Course participants also expressed the view that standards of professional practice could improve as a result of applying non-traditional, reflective learning:

> *... that it [reflective learning] is a bit deeper... effectively you've moved your [professional] standards higher... (Participant:29)*

Dental therapy students and their tutors who were interviewed by Pee *et al* (2000) in their qualitative study also expressed this view. Although he does not make this explicit, I feel that Schön (1987, 2002) also implies this in his discourse on knowledge-in-action and reflection-in-action and the constraints imposed on the "...major professions..." (2002, p.40) by the technical rationality model that can produce professional "...boredom or 'burn-out'..." (2002, p.56). Therefore, this has potential implications for good standards of practice.

Prescribing Course participants also referred to the introduction of a reflective model for pharmacists' continuing professional development as having raised their awareness of reflection and non-traditional approaches to learning that could help improve standards of practice. They drew a clear distinction between continuing education (CE), and continuing professional development (CPD). They viewed CE as an accumulation of as much knowledge as

possible within a required amount of hours of learning; as a traditional method of learning within a technical-rationality model. In contrast, they placed CPD in the non-traditional, reflective learning context and generally welcomed the change to the CPD model as being more relevant to professional practice:

> *... continuing education, and the impetus was more to get up to your required number of hours...now, with the reflective element of it [CPD], I think there's far more likelihood that you'll put what you've learned into practice... (Participant:31)*

Newble *et al* (1990) and Powell (1989) also referred to this surface and deep approach view of learning in CE and CPD for medical practitioners and nurses respectively, so it seems that similar notions are being espoused within the main health professional groups in this respect, including Pharmacy.

SUMMARY

Review and analysis of the literature has shown that learners, including those from health professional disciplines such as Pharmacy, will have potentially been exposed to different orientations to education. Learners also conceptualise and approach learning in different ways and the context of learning is also important in this respect.

Prescribing Course participants clearly perceived, and had experience of, two approaches to learning that they articulated as being of qualitatively different types. They expressed a strong association between what is generally considered as a surface approach to learning, which they described as "traditional, academic learning", and their experiences as learners on undergraduate pharmacy courses. They perceived reflective learning as 'non-traditional' learning that is analogous with a deep learning approach,

and overall a better way of learning for professional practice development that can help improve standards of practice.

The data also suggest that pharmacists can adapt to other, deeper approaches to learning if stimulated and guided to do so within a learning context that provides structured activity that engenders systematic reflection.

The data also indicate that the dichotomy between surface and deep approaches to learning is not as clear cut as is often portrayed in the literature, and that a strategic approach to learning is more complex in relation to postgraduate professional practitioners than undergraduates. Participants clearly indicated the synergistic relationship between knowledge accumulation ('banked' knowledge) and reflective learning to achieve higher levels of learning, and the compatibility between behaviourist and contructivist orientations to education.

The chapter that follows (chapter 5) looks at the use of reflection for learning and professional practice in more detail. Relevant literature is evaluated and integrated with the views expressed by *Prescribing Course* participants. It confirms that reflection, or 'non-academic' learning, is used by practising pharmacists in their professional practice and viewed as a valuable way of learning for professional practice development.

CHAPTER 5

USING REFLECTION FOR LEARNING AND PROFESSIONAL PRACTICE

This chapter focuses on reflection and its use in learning and professional practice. In relation to the postgraduate pharmacists who were the *Prescribing Course* participants in my study, the following research question is of principal relevance:

- How do they perceive and use reflection in relation to their learning and professional practice?

The chapter integrates a review of the literature that is relevant to this specific research question, the *Prescribing Course* participants' views that emerged in the two themes:

- *reflection as norm*

- *levels of reflection*

and interpretation and discussion relating to these and published literature.

In Chapter 1, I provided a definition of what *reflection* means to me, together with *reflective learning*, *reflection on learning* and *reflection on practice* that are implicit, i.e.

Reflection is the activity of deliberately thinking about, or intellectually interacting with, sources that one has been exposed to, in the past and present, in an uninhibited way. The purpose is to develop learning (reflection for learning) or professional practice (reflection for practice). The ultimate outcomes include deeper learning, being prepared to take action and/or make changes, sometimes transformational, where identified, for the future, that will benefit self

and/or others or society as a whole. Overall, the term 'reflective learning' can be applied as the generic term to name the process.

There appears to be no definitive definition of reflection on which everyone agrees, but in developing my definition I particularly considered that provided by Pee *et al* (2000, p.755). The emboldened text is my emphasis.

> Reflection...is the process of actively and consciously **engaging with experiences** in order to learn from them...is also **crucial to deep learning** and being involved in **making meaning**...fundamental to **constructivist** theories of learning.

The concept of a deep approach to learning ('*...to understand... and be prepared to make changes...*') is implicit in my definition of reflection. So too is constructivism ('*...thinking about things...in an uninhibited way, to understand, learn)'*, and the Piagetian and Vygotsky schools of thought in relation to self and the wider social environment respectively, as indicated in chapter 4 (page 38) of this thesis.

Pee *et al's* type of view of reflection has been commonly espoused in education journals aimed at health professionals. One could question the use of the phrase, "...actively and consciously engaging..." in Pee *et al's* definition, which is arguably meaningless since it also implies the alternative is possible, inactive and unconscious engagement, whilst asleep, comatose or even deceased. However, perhaps they meant deliberate and intentional.

REFLECTION AS NORM

Prescribing Course participants expressed similar notions by differentiating between *subconscious* reflection and *conscious* reflection to describe the transition that they had made as a result of completing the course. They also used the words *informal* and *formal*

interchangeably with *subconscious* and *conscious* respectively, and the term *reflecting properly*: For example:

> *...subconsciously, you know I have been doing it [reflecting on my practice] for a while, but you've never actually known it, and it's never been a formal process that you're actually adopting... but it's more formal now, and you've got some degree of structure, and you know what to do. (Participant:19)*

Informal was how they referred to their unsystematic/unstructured engagement with the reflective process prior to the course. Arguably, they were:

> ...functioning intuitively... (Atkinson and Claxton, 2000, p.50).

Formal related to what they had done during the course, and currently as part of their day-to-day practice. *Prescribing Course* participants therefore implied some unstructured engagement with reflection as normal professional practice prior to the course.

A wider study by Millett (unpublished MSc thesis, Leeds University, 2004) into continuing professional development also found that pharmacists believed that they applied reflection in their learning and professional practice. However, they did not express it in writing as will be required by the Pharmaceutical Society, and by those who are *Prescribing Course* participants at the university. Survey research undertaken by Rees *et al* (2003) found that final year, undergraduate pharmacy students considered the concept of *reflective practice* to be a good idea, but that the actual process of reflective practice and continuing professional development was tedious. 'Reflective practice' was defined in this short paper in the context of experiential learning. Students had completed a reflective workbook that was similar to that designed by the Pharmaceutical Society for practising pharmacists to record their continuing professional development. An evaluation questionnaire using a Likert scale was used to

establish the students' attitudes, and the authors rightly concluded that the results could not be extrapolated to pharmacist practitioners. Edwards *et al* (2004) analysed seventeen trainee pharmacist prescribers' portfolios and concluded that *reflective practice* was achievable by pharmacists. This is the only published research associated with postgraduate pharmacists that looks explicitly at reflection in relation to learning and professional practice, rather than the more general engagement with CPD. My study therefore provides an important contribution in this respect.

Prescribing Course participants felt that, prior to the course they had most likely reflected on what they had learned from various sources, including interactions with patients, as part of their day-to-day professional practice to inform their practice. Reflection therefore appeared to be a 'normal' learning approach that they used. However, they had not been particularly aware of this until prompted by their studies on the *Prescribing Course*, and did not appear to have been using it with much effect:

> *...think I've been doing it [reflecting] quite a bit in the past, but I haven't been using it properly...And I think harnessing this ability to reflect, and this need to reflect is something that the [prescribing] course has taught me... (Participant:28)*

Participants used phrases and examples during conversation that indicated an existing engagement with experiences that resulted in reflection on their professional practice:

> *...I tend to review my consultations, sometimes in a light of day, a day or two later if I've time, just to think back and say, ' I could have done that better'... (Participant:14)*

None of the participants appeared to have given reflective learning a name prior to the course, and expressed it using phrases such as "why is this?", "why are we doing this?", "what if?". Indeed, a couple

of interviewees had named it as "worrying" before completing the course:

> *...I was actually reflecting on my work [before the course]. I thought I was just thinking about the day, or worrying about things to put right for next time round.... (Participant:15)*

This lack of awareness of the reflective learning process for reflection on professional practice has been reported by other researchers (Attewell *et al*, 2005; Dean *et al*, 2001) who have conducted more general studies into pharmacists' engagement with continuing professional development. It seems likely that the structured reflective elements that were part of the *Prescribing Course*, facilitated by the *Reflective Portfolio*, enabled participants to realise that they did take a reflective approach to their practice to some extent anyway by thinking about the experiences they had on a day-to-day basis. It could be argued that the *Prescribing Course* merely allowed them to assign a name to a normal, everyday activity. However, data that I present later in this chapter strongly suggest that the systematic approach to reflection on learning and professional practice that the *Prescribing Course* developed enabled participants to achieve qualitatively superior levels of reflection. This they found beneficial to not only for their professional practice, but also for other aspects of their life:

> *[reflection] applies to professional practice, because obviously you can change how you act as a professional, but I think it's much more overarching than that, in that it changes how you act in daily life as well, which probably then feeds back in [to professional practice], because if you're looking at life from a different perspective then you might look at some of your [professional] decisions in a different way as well... (Participant:15)*

Participants seemed resigned, and implied reluctant acceptance, to the fact that reflective learning in the context of professional practice was not a choice but key for their professional practice and continuing professional development (CPD). However, overall they seemed positive about the benefits of this type of learning to them as health professionals, and to their patients, provided that they had some choice in how they went about it:

> *...I don't like being told that I have to reflect on something, what I must plan and do...I much prefer to identify the need at the time..." (Participant:28)*

Some were particularly positive about the impending compulsory continuing professional development requirements for pharmacists. They felt that it would force pharmacists to move away from the 'head-in-the-sand' approach that they perceived many adopted when faced with difficult, unfamiliar situations and issues in their professional practice that might be open to self- criticism, but which they chose to ignore:

> *They'll [some pharmacists] [normally] form a quick sort of barrier really to protect themselves against any criticism...if they do more reflective learning ...they're not going to get away with it. (Participant:23)*

This is arguably on a par with Schön's claim that non-reflective professionals are:

> ...selectively inattentive to phenomena that do not fit the categories of his knowing-in-action... (Schön, 2002, p.56)

Although recognising the element of forced compliance, participants welcomed reflective learning as a positive step for their professional practice and the pharmacy profession. They articulated this by giving examples of pharmacists whom they knew, or had worked with, who

did not keep up-to-date with developments pertaining to pharmacy practice:

> *...looking at other pharmacists, I'm really pleased that [they] are actually going to have to address their CPD [and reflect] because I've worked with [a pharmacist] and she was very stuck in her ways...[she] wouldn't actually think about updating herself... (Participant:26)*

They seemed to be questioning the competence to practice of their non-reflective colleagues.

This raises a general issue around personal development for pharmacists. Without the structure of courses like the *Prescribing Course*, that enable participants to develop their skills in reflective learning and hopefully a positive attitude to it as a result, it seems unlikely that they would have formed this positive view of the value of reflective learning for their professional practice.

Prescribing Course participants were therefore clearly using reflection to learn from their experiences relating to professional practice. The importance of this *experiential learning* is also alluded to in my definition of reflection.

Reflection and Experiential Learning

Published literature is very persuasive regarding the fundamental contribution of the learner's experience as the basis for all meaningful, transformational learning (Boud *et al*, 1993; Brockbank and McGill,1998; Kolb, 1984; Rogers, 2002). In the words of Kolb (1984, p.41) experiential learning theory defines learning as:

> ...the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience.

Prior to my embarking on developing the *Reflective Portfolio* for my students, my interpretation of Pee *et al's* (2000) "...engaging with experiences..." (i.e. my '*...things that one has been exposed to...*'), was set in the context of experiences in professional *practice.* That is, the concrete experience in the physical and social world (Kolb, 1984). This most likely involved patients or other healthcare professionals, and also students and fellow tutors in my case, resulting in *reflection on practice* as defined in chapter 1. However, I realised that this was too narrow in its scope. Experiences can relate to learning through deliberate intellectual interaction with learning materials such as those used by *Prescribing Course* participants; for example, the experience could be reading some printed text, watching a video, online group work with other students/tutor, written feedback from a tutor. I identified this in chapter 1 as *reflection on learning.* Experiences can also relate to personal theories (Brookfield, 1987; Griffiths and Tann, 1991) that an individual holds about their world, their values, perceptions and beliefs. This somewhat conflicts with a common view espoused in the literature, for example Atkins and Murphy (1993), Mezirow (1981), Raw *et al* (2005), and Schön (1987, 2002), that reflection is always triggered by unpredicted, unsettling feelings or uncomfortable thoughts. However, other researchers, including Bolton (2001), Kember *et al* (2001) and Nolan *et al* (2005) have supported the view that reflection can occur as a result of deliberately structured events aimed at creating the right conditions for reflection.

The structured, planned reflective learning process that the *Reflective Portfolio* was designed to enable with *Prescribing Course* participants did not rely on feelings of discomfort as a trigger. It encouraged systematic reflection on any event in the learner's professional practice and learning experiences on their course of study. Kember *et al* (2001) also found, from the mainly qualitative data generated from their research with registered nurses,

undergraduate physiotherapists, occupational therapists, radiographers, and clinical educators, that:

> Reflection can occur through stimuli other than problems or disturbances to the normal routine. The stimuli may be encouraged or arranged. (Kember *et al*, 2001, p.154)

In their study of early childhood practitioners, Nolan *et al* (2005, p.225) referred to reflection as a:

> ...deliberate and conscious act.

Prescribing Course participants articulated that it had become a way of *established thinking* for their professional practice:

> *...since the course you reflect a lot more [in work situation]...easily...it's becoming more second nature... (Participant:18)*

> *...I've got into the habit of reflecting [in work situation] (Participant:31)*

Kember *et al* (2001) and Thorpe (2004) argue that:

> ...habitual actions...are not reflective.... (Kember *et al*, 2001, p.18)

However, in their arguments for this, they do not appear to have thought of the reflective learning process itself as a potential habitual action that develops over time from experience and confidence in learning in this way. *Prescribing Course* participants seemed to be expressing the achievement of a state of mind where the systematic reflection that the course had developed was now embedded in their normal thought processes and that special effort was no longer required. In this respect they took specific time out of their day, even

if momentarily, to reflect on something they had learned or experienced; in other words, a more systematic or structured process, as had been designed into the course, not a response to an uncomfortable event:

> *... you've got some degree of structure, and you know what to do. (Participant:19)*

Atkinson (2000, p.82) advocates this need for:

> ...deliberate reflection and monitoring of professional practice to be ongoing and embedded.

Prescribing Course participants also said that they initially related systematic/structured reflection to writing down or documenting their thoughts and actions from reflecting on various sources from professional practice experience and other learning materials, as was required for the course. This is explored in more detail in chapter 6 of this thesis. However, in relation to this particular theme, opinion was divided as to this being something that they would have the time to do as a normal part of their professional practice, other than for the continuing professional development requirements of their professional body. Most expressed the belief that to continue would be beneficial:

> *I do a clinic on a Tuesday. It would be good then on a Tuesday night just to write down different things that happened that day... and you learn more...you'd get more out of that experience ... (Participant:30)*

They also indicated, from the examples that they used to express their current engagement with systematic reflection, that systematic reflection on their professional practice would most likely relate to negative events or errors that had occurred, to ensure patient safety in the future:

> *... you do naturally reflect on things that don't go well with a view to trying to improve should it happen next time, whereas a positive thing, if something went well...there isn't necessarily then the incentive to look at it... (Participant:31)*

This perception is also probably linked to formalised clinical governance requirements (Department of Health, 1999, 2002) across the UK's National Health Service that generally focus on documenting and reporting areas for improvement. However, 'areas for improvement' does not necessarily equate with 'poor practice', although this may be the interpretation put on it by some pharmacists.

This perceived emphasis on the negative seemed to cause some irritation amongst interviewees who felt that that they were not able to use reflective learning to its full potential. They also felt that this was being exacerbated by the Pharmaceutical Society with its introduction of compulsory continuing professional development (CPD) which they felt focussed on poor practice. Positive events, as their experience on the *Prescribing Course* had proven to them, could equally benefit their learning and professional and personal development, and were valid for CPD requirements:

> *...It's important to write down the good things as well that happen...I'm not so sure the Society [Pharmaceutical Society] website [for recording continuing professional development] deals that well with when things go right... (Participant:23)*

However, the guidance given by the Pharmaceutical Society that has been distributed to all pharmacists (Royal Pharmaceutical Society, 2003) does refer to learning from positive situations as being valid for CPD, so there seems to be some misunderstanding among pharmacists about this.

Dental therapy students and undergraduate pharmacy students, in the studies conducted by Pee *et al* (2000) and Rees *et al* (2003) respectively, also expressed similar views about the value of using reflection for learning from positive events. However, it is likely that undergraduate and postgraduate perceptions of this could be different given undergraduates' lack of actual professional practice experience.

Prescribing Course participants also articulated the notion of an emergent culture, or community of practice (Schön, 1987; Wenger, 1998), in relation to reflection on learning and on professional practice that affected not only pharmacists, but also other health professionals, teachers and even school children. Some felt that this had helped them integrate with other health professionals:

> *...it's [using reflective learning] helped me [work] with the nurses and the non-medical prescribing group 'cause they're always talking about that sort of thing, so I know what they're talking about... (Participant:24)*

This perhaps supports the need for pharmacists to accept this way of learning to achieve integration with other health professional groups, and secure their professional status with them and the public they serve since it can provide a sense of belonging and understanding of the previously opaque practice and language of other professionals.

Although expressing some caution due to potential cultural conflicts (discussed later in chapter 7), *Prescribing Course* participants were generally positive about the potential benefits of activities in the workplace as a source of reflection. They felt that these encouraged peers (pharmacists and other heath professionals) to share and reflect on good and weak professional practice, and build the health care team. Although few were actually participating in this respect other than opportunistically with individual colleagues, those that

adopted a more planned approach to this were enthusiastic about its benefits:

> *...I think if you have somebody who you trust as a professional to reflect with, who you're on the same level with, then that is very helpful...I did that with the practice nurse...It was very, very useful...it is very, very good, to be able to do that. (Participant:14)*

This supports the views, to some extent, of those who advocate face-to-face dialogue as an essential element to enable reflective learning for professional practice; for example Boud *et al* (1985), Brockbank and McGill (1998), and Snadden and Thomas (1998). However, when probed further, none of the *Prescribing Course* participants who had experience of this felt that it was an essential element of being able to use reflection for learning in their professional practice. In reality, high proportions of pharmacists work in isolation from other pharmacists or other health professionals and therefore the opportunities for one-to-one or group dialogue are normally very limited.

It is clear from the literature and from what *Prescribing Course* participants' said that experiential learning and reflective learning are viewed as analogous and involve *reflection on learning* and *reflection on practice*. The ultimate aim is to enable the learner to experience the transformation of their own, often tacit, personal theories, beliefs and values. However, published literature appears to have used the term *reflection* in relation to experiential learning without qualification to label particular stages within models of experiential learning and continuing professional development (Barrow, 2005; Kolb 1984; Royal Pharmaceutical Society, 2003, 2004) that depict different levels of learning.

Models of experiential learning

Kolb's (1984, 1999) experiential learning cycle, which he acknowledged was greatly influenced in its conception by the three traditions of experiential learning of Dewey, Lewin, and Piaget (Kolb, 1984, pp.21-25), provided a model of the adult learning process that is the most commonly quoted in the literature. Kolb represented it as a single cycle with one of the four stages labelled as 'reflective observation'.

Brockbank and McGill (1998) placed Kolb's model within Argyris and Schön's (1974) *single-loop learning* construct which they proposed to be a less challenging "...instrumental..." (Brockbank and McGill, 1998, p.43) learning loop, since it did not challenge the learner's underlying assumptions and values. The term 'reflection' is used to label one of the four stages. Brockbank and McGill (1998) claimed that single-loop learning was a model that was suitable to describe undergraduate learning in its early stages. However, they felt that the aim should be to achieve *double-loop learning* where the learner does challenge underlying assumptions, values and theories as they mature as learners towards postgraduate level. In the words of Argyris and Schön (1974, pp.18-19), double-loop learning:

> ...[causes] ripples of change to fan out over one's whole system...

Brockbank and McGill depicted a model of double-loop learning that incorporated Kolb's single loop cycle with a second loop to demonstrate a deeper level of learning where reflection has caused the learner to shift their thinking dramatically towards new conceptions and perspectives previously unrecognised within themselves. This is reproduced diagramatically in Appendix 11. It seems to represent a staged process towards transformation of the individual (self) using reflection. However, the word 'reflection' was not explicitly stated other than within the original single loop. It is

arguable that what they described was a wholly reflective learning process.

So although Kolb's cycle is much quoted, it would appear to have its limitations with regard to depth of learning, and potential transformational change, in relation to the depth or quality of reflection in which the learner engages. From my understanding of Kolb's model, I believe that his definition of what constitutes experience is narrower than that which I argued earlier, and does not include experience resulting from intentional interaction with learning materials. However, although not explicit, perhaps Kolb's model does not rule this out.

LEVELS OF REFLECTION

The shift from single-loop to double-loop learning appears to engage the learner in a deeper learning process, to potentially ultimately realise a transformation of self, through an experiential learning model that is wholly reflective. Single-loop learning could also be described as a single reflective 'journey' around Kolb's cycle. Double-loop learning therefore requires a single 'journey' by the learner around Kolb's cycle, followed by a single 'journey' around the second loop in an *extended reflective learning process*, or multiple 'journeys' around the second loop in a *multiple reflective learning process*, until transformational change may, but not always, occur. So the learner is potentially re-reflecting until they reach a state where they have reached a specific outcome that satisfies their learning and professional practice needs at that time. This outcome could be, for example, consolidation of learning to maintain the status quo, application of learning to make a change or transformation of self.

Brockbank and McGill (1998) were reasonable in their assertion that single-loop learning is the norm for gaining competence and confidence on a day-to-day basis for individual development, including changing practice where identified as necessary. This is

compatible with the Piagetian view of constructivism that was introduced in chapter 4. However, Brockbank and McGills' assertion that it was only suitable for undergraduate learning in its early stages is open to challenge. In my experience, single-loop learning *is* appropriate for both postgraduate learning and continuing professional development. It is likely to be the level attained most often in professional practice, and it is what appears to be espoused by Pharmacy's professional body as acceptable for continuing professional development. In comparison, double-loop learning requires more of the learner's self and personal emotions to be part of these higher levels of learning, and their thoughts to extend to the world around them (Brockbank and McGill, 1998). This is compatible with the Vygotsky view of constructivism.

Whilst agreeing that transformation of self is what I would encourage *Prescribing Course* participants to aspire to where appropriate through their *Reflective Portfolio*, Brockbank and McGill were unrealistic in their aspirations. Fundamental changes in personal theories, values and beliefs, or as Brookfield (1987, p.30) wrote:

> ...laying down charges of psychological dynamite...

in order to question one's key assumptions about one's world, are unlikely to occur at such a frequency to make transformation of self through double-loop learning the 'norm' at postgraduate level; reflection within single-loop learning, and double-loop learning that deepens the *level of reflection* to engage the individual in a *transformational process* that can lead to change, but does not necessarily transform the individual *per se*, is a more realistic proposition for most learning at postgraduate level and continuing professional development.

Reflection should enable the learner to reach a state of mind where they can transform personal theories, beliefs and values where these have been challenged. This could result from a single reflective

episode within a double-loop learning construct, or multiple reflections over time, on an experience, and any change made or action taken as a result of a previous reflective episode relating to that experience, that may have caused feelings of unease at some point. This implies a gradual *transformational process*, or progression in depth or level over time, using reflection. The *Prescribing Course Reflective Portfolio* was structured to enable learners to achieve this.

Prescribing Course participants felt that the outcome of reflective learning did not necessarily result in the individual changing as a person or seeing things in a different way. They felt that the outcome depended on the context in which reflection took place - the where, the when, and the consequences. Here there is an analogy with depth of learning (surface, strategic and deep) and the context in which learning takes place that was discussed in chapter 4. One participant gave a good example:

> *...doing the reflective learning with the Supplementary Prescribing course...has changed the way that I think about what I'm doing...a lot...changed the way that I operate in my career... so there are big things and little things...I mean, you know, I go on a first aid course and it doesn't change my life, but it might do if I ever came across somebody who's having a heart attack and I knew how to help them... (Participant:26)*

This type of view is not unsurprising since I proposed earlier in this chapter that transformational change of self is unlikely to be a regular daily occurrence. Marton *et al* (1993) who developed their sixth conception of learning (changing as a person) to which this relates, also found it in only a few cases in their study of undergraduate social science foundation course students. However, this should be viewed in the knowledge that only eight students completed this qualitative study. Nevertheless, I believe that my findings support the argument that Brockbank and McGill (1998) were unrealistic in their aspirations for transformation of self as being the key outcome of

learning at postgraduate level. Fundamental changes in personal theories, values and beliefs in order to question one's key assumptions about one's world, are unlikely to occur at such a frequency to make this the 'norm' level of reflection that is achieved at postgraduate level, as *Prescribing Course* participants implied.

The focus groups expressed the view that too much or too little reflection on their professional practice could be detrimental, and too much indicative of an underlying organic disease, as this dialogue between two participants shows:

> *But if we spent all our time all day thinking about 'what if I got this prescription wrong', life would be intolerable wouldn't it? (Participants:8)*
> *...That's almost a mental problem, isn't it, when you spend more time worrying about [what you are doing]... (Participant:7)*

and that there was probably a *level* that was appropriate for everyday practice. Claxton (2000) refers to the potential for problems arising, including paralysis of thought and action, where practitioners become too aware of, and reflective on, their professional practice. Fear of making errors appeared to be what the two participants quoted above were articulating as a potential for paralysis of professional practice if reflected on too deeply.

Individual interviewees did not express this concern of potential harm to the individual. However, most expressed the notion of an appropriate level of reflection for everyday practice. They felt that this should at least get the individual practitioner to the stage where s/he had made an objective assessment of the need or not for any change in practice, that was needed to benefit self, patients or other health professionals:

> *...[as a minimum for reflection on practice] what the problem is, what do I need to gather, and then, having reflected, what I'm going to change, if anything, and the result of it. And sometimes you might not change anything... (Participant:16)*

This was conceivably their description of reflection within the single-loop learning construct.

Some participants expressed a deep level of reflection with which they would be uneasy or uncomfortable:

> *...I never...laid myself open...I saw reflection as a means to consider what I'd learned about a topic, not as a means to dig deep into myself and my soul.... (Participant:12)*

One participant in particular felt this was an issue where an event had a profound impact on the individual. He felt that the individual needed to go through a process that resolved any feelings of shock and anger before reflecting on the event at a deep level, particularly in writing:

> *...if you made a serious mistake today...you'd feel terrible for a few days, and then you'd be angry, and then you'd go through all those stages that you go through, and then eventually you'd be in the right frame of mind to sit down and look at it properly. And it would be a mistake perhaps to do that too soon...you can look back with a better perspective once the shock...of it [event] has gone... (Participant:23)*

Boud and Walker (1993) and Kember *et al* (1999) reported similar findings and concluded that failure to address emotional frustrations of this nature can inhibit reflection. This appears to be a type of coping strategy that could be an important safety mechanism for practitioners since interviewees also expressed how thoughts and

emotions became real again when they re-read their narratives at a later date. For example:

> *It's not just learning [reflective writing], it's about emotions too, and I certainly notice that looking back. I know how I was feeling...that really comes back very, very strongly. (Participant:28)*

Therefore, reflection within a double-loop learning construct was perceived as being potentially problematic and appeared to introduce an element of emotional risk for the *Prescibing Course* participants. This suggests that individuals may internalise some sort of risk-benefit analysis about the level of reflection that they are comfortable about engaging with that would not be apparent in written narratives, such as those completed for the *Prescribing Course Reflective Portfolio*. Established experiential learning cycles do not appear to acknowledge this risk/benefit decision-making phenomenon.

The notion of different depths of reflection has been developed into hierarchical representations of reflection by researchers, including Atkins and Murphy (1993), Boyd and Fales (1993), Brockbank and McGill (1998), Day (1985), Griifiths and Tann (1991), Handal (1990), Kember *et al* (1999, 2000), Mezirow (1981), Modra (1989), Powell (1989), and Richardson and Maltby (1995). They refer to *levels* or *stages* of reflection, with anything from three to seven levels/stages. However, there seems to be as many differing 'definitions' of various levels of reflection as there are definitions of reflection itself, so this literature has to be treated with some caution. Mezirow's levels, and adaptations, have been used by several in an attempt to analyse learners' written narratives for depth (level) of reflection. However, my research suggests that the analysis of written work alone could potentially be misleading given the internal risk-benefit analysis that *Prescribing Course* participants alluded to. Also, the 'instruments' and quantitative measurements used in analysis have generally provided inconclusive data that would benefit from additional

qualitative methodological input (Ashcroft and Hall, 2006a; Edwards *et al*, 2004).

In relation to health professionals, research has generally shown practitioners to engage with the lower, non-transformational levels of reflection. Kember *et al* (1999, 2000) focussed on undergraduate nursing, occupational therapy, physiotherapy and radiotherapy students, and Powell (1989) on registered nurses, to explore levels of reflection. Kember *et al's* data appears to have been collected principally from the analysis of written reflective journals using a coding scheme based on Mezirow's work, and therefore potentially has the limitations that I refer to above. Powell conducted eight interviews with practising nurses following observation of their practice on hospital wards. I would argue that Powell's methodology and coding scheme raises questions about the value of the results beyond her sample. *Learners' perceptions* of reflection do not appear to have been reported to any extent to date and therefore my research provides an important contribution in this respect.

At various points throughout the focus groups, *Prescribing Course* participants articulated their perception of qualitatively different levels of reflection, within a hierarchy of reflection, by using words such as "simple", " thorough", "surface", "superficial" and "deep":

> *There's different levels, aren't there?... superficial reflection, and then deeper reflection and really how you feel about something. (Participant:10)*

Most individual interviewees also expressed this notion using similar words, and also phrases such as

> *...minimum level of reflection... (Participant:16)*

> *...optimum reflection... (Participant:18)*

...higher level of reflection... (Participant:20)

...like a passing comment, quick reflection... (Participant:22)

This is analagous with the perceived hierarchies of learning that participants expressed when discussing traditional and non-traditional approaches to learning (see chapter 4).

Deeper, "formal" levels of reflection were expressly related to a systematic/structured reflective process that they were aware of engaging with:

...I did [reflect on work], but not formally...it was very disjointed...and certainly you didn't do any formal [reflection]...the sort of reflective learning circle... (Participant:18)

This was the only participant who made any reference to a learning cycle, in this case that used by the Pharmaceutical Society.
Focus group participants discussed examples that they provided that differentiated between 'immediate/on-the-spot' reflection and 'delayed' reflection, and seemed to imply a qualitatively superior reflective process with the passage of time. Interviewees also implied a qualitative difference between initial reflection on an event or experience and further reflection at a later date that would deepen the overall level of reflection. In effect, they appeared to be describing learning within the single-loop/double-loop learning construct (Argyris and Schön, 1974; Brockbank and McGill, 1998). For example, the following two participants articulated different levels of reflection, and how they transpired through a staged process of reflection, during their interviews in relation to a professional experience and a learning experience respectively:

...I knew it was the wrong thing to say the minute I'd said it ***[immediate, 'on-the-spot' reflection; first***

level]*...immediately I reflected that I'd said the wrong thing...then you come away and you think 'well I really have said the wrong thing'* ***[further reflection with time delay; 2nd level]****...and every day I think '...do I need to do something about this? Do I need to go back to her and apologise? Do I need to leave it?'* ***[further time-delayed reflection for action; 3rd level]****. So you're reflecting then at a deeper level again, and then you could go on from that and go to her and apologise..."* ***[reflection to take action and make change; 4th level]*** *(Participant:25)*

...different depths of reflection...the ***first level*** *is...coming home from doing some learning and thinking 'that was good or that was bad', that's very basic. Then you might think 'well that was bad, and what I need to do now is', and sort of think of an action plan* ***[2nd level]*** *...you might even write your action plan down, although you wouldn't necessarily discuss the reasons for your action plan...then perhaps a deeper level of reflection is actually to start writing it down* ***[3rd level]*** *and saying, you know, 'this is what happened, and this is what I think I should do about it, and this is why... even go back and reflect on other reflections that you've made and take them forward* ***[4th level]****... (Participant:26)*

Most interviewees gave an example that demonstrated Schön's (1987) 'reflection-in-action'. For example:

*"... if I've made a decision prior to seeing [the patient]...and then they come in [with an unexpected agenda], and all your plans will go completely out of the window...in a situation where you have to make a decision there and then...You make the action [****reflection-in-action****]..." (Participant:24)*

On further probing with others, they felt that this was probably something they did but were unaware of, and commonly expressed it

as a level of reflection that was "unconscious" or "informal". It would appear that interviewees related what they expressed as a more superficial level of reflection to informal reflection that they did not think about in terms of a systematic reflective process that they went through. Pee *et al* (2000) also found that dental therapy students and their tutors articulated this notion.

Further enquiry with individual interviewees revealed that the level of reflection could be related to the time available. They felt that increasing time allowed them to adopt a lateral thinking approach through making increasing connections with other things that were relevant to the event and their professional practice:

> *...it's quite possible [with time]...to dig deep, or to spread yourself wide depending on what the problem is and what you're trying to achieve... (Participant:28)*

They included other individuals apart from themselves and patients in this lateral thinking approach, thereby deepening the level of reflection on practice by considering the perspectives of others, compatible with a double-loop learning construct and the Vygotsky approach to constructivism:

> *...I guess that was a point of reflection, to say 'right, well, yeah I might be a clinical pharmacist, but I can only do so much. I now need to stop, think about who else I need to involve, get them involved with the process'. And I've actually started doing that...it works really well because all of a sudden you're backed up by other professionals, and not just trying to do it all by yourself. (Participant:18)*

The point was also made that the level of reflection that pharmacists could achieve during worktime was dependent on their actual job. It was felt that the constantly active and public environment in which community pharmacists generally work is more likely to result in them

being mainly on-the-spot reflectors, and that they are probably unaware that they are doing this. The less public and more personally-controlled working environment of the primary care pharmacist was felt to allow time for a deeper level of reflection. One participant articulated this notion as follows:

> *...even in the busy community [pharmacy]...you must reflect on what you've learned that day, and the situations that have arisen... in the [GP] practice it's different because you're not a public figure as you are in community...in the community you're learning on the job and you're reflecting on the job, and in the car on the way home...in the practice pharmacy where you're sitting at a desk on your own...you reflect on a different level I think. It requires a lot more of you... (Participant:25)*

These differences in professional work environments and possible levels of reflection that can be achieved *in the workplace* could potentially have implications for patient care if the practitioner does not work in an environment that is conducive to this approach to learning, thereby indicating the potential influence of the context for reflection, similar to the context for depth of learning that was discussed in chapter 4.

Also, in particular for reflection on practice, one participant felt there was a need to be able to prioritise which events required a deeper level of reflection on practice to benefit the practitioner and their patients, to make best use of available 'thinking time':

> *We don't always have time to be reflective learners, so perhaps what I'm trying to do, is target time to the things that I think are more relevant to patients... (Participant:16)*

Continuing Professional Development

Setting reflection and experiential learning in the context of *Prescribing Course* participants' wider *professional identity* as pharmacists, pharmacists who register on the *Prescribing Course* in the future will have to comply with the mandatory continuing professional development (CPD) requirements of the Pharmaceutical Society. This will be in addition to completing the *Reflective Portfolio* for the university. Mandatory CPD began in January 2006. However, it is likely that some of the pharmacists who participated in my research may have been involved in the Pharmaceutical Society's CPD rollout that commenced in 2002. The guidance published initially by the Pharmaceutical Society (Royal Pharmaceutical Society, 2003) appeared to be an adaptation of Kolb's learning cycle of single-loop learning to help pharmacists develop their skills in becoming 'reflective practitioners'. Therefore, it would appear that the Pharmaceutical Society's model of CPD (see Appendix 12) is not encouraging reflection to a level that could ultimately result in transformation of the individual. Therefore, the pharmacists who participated in my study may have been exposed to the Pharmaceutical Society's requirements for CPD, and university-specific course requirements, that are encouraging different levels of reflection within single-loop and double-loop learning constructs respectively.

The Royal Pharmaceutical Society appears to have embraced the view published by the UK's Quality Assurance Agency for Higher Education (QAAHE, 2001) that learners' personal capacities can be enhanced through the use of reflective learning. However, in a critique of the QAAHE's approach, Clegg (2003) indicated her scepticism about reflection in this context and suggested that *review* may be more appropriate terminology. However, even review can not take place without some measure of reflection. Indeed, Griffiths and Tann (1991) used the term "review" to describe their third level of reflection. They described it as involving:

> ...time out to reassess, over hours or days, e.g. ...at the end of the week you think over where you are going...and shape your plans accordingly... (Griffiths and Tann, 1991, p.96)

It would therefore appear that the models of experiential learning and continuing professional development have the potential to cause confusion with their explicit use of the word reflection within stage(s) of the cycle since the models are depicting a process that is *holistically* reflective. Examples include those produced by Kolb (1984), and the Pharmaceutical Society (Royal Pharmaceutical Society, 2003). However, in 2004, in what seemed an effort to allay confusion, the Pharmaceutical Society (Royal Pharmaceutical Society, 2004) informed pharmacists that they had changed some of the terminology in the CPD cycle:

> To help bring consistency with terminology used by other organisations, we are now referring to reflection as reflection on practice and evaluation as evaluation (reflection on learning)...no way changes how we ask pharmacists to interpret these stages of the cycle...a refining of the terminology to avoid any misunderstanding among pharmacists who may come across similar terminology elsewhere.

In my opinion, this change did not provide further clarity, only additional confusion. Nowhere is guidance provided as to what reflection is.

Nevertheless, the promotion of a model of experiential learning, or continuing professional development (CPD), that is represented by a single cycle that refers to 'reflection' at one or two stages, is common (Tate and Sills, 2004). It is compatible with the ethos generally expressed by other health professions in relation to lifelong learning/continuing professional development (Bradley and Clegg,

2003; Pee *et al*, 2000; Snadden and Thomas, 1998). However, pharmacy is at a much earlier stage in promoting this model of CPD than other professions allied to medicine (PAMS), in particular, nursing and physiotherapy, whose educational philosophy over the last 10-15 years has embraced the social sciences more so than pharmacy.

Where some *Prescribing Course* participants were less positive about using reflection was in relation to what they perceived as the prescriptive requirements of the Pharmaceutical Society in relation to CPD, and most expressed some suspicion about the professional body's motives. There was a notion expressed by some about this being 'forced' reflection', 'for the sake of it', and under scrutiny, and therefore of little value to them:

> *...part of the reason I don't want to open up the Society's [CPD] folder is that I don't want to be told how I've got to reflect, or what boxes I've got to tick...and which competency it slots in...something like the Society is quite threatening because they do play the Big Brother act. (Participant:27)*

Since only a small number of the interviewees had actually started to record their continuing professional development, perhaps their views represented a gut reaction to what they perceived as an imposition by the professional body. They expressed the view that it was interfering with what they believed to be already doing, and were comfortable with, in relation to reflection on practice. In this respect they were echoing what the focus groups had expressed, that reflection on practice was already a normal part of their professional lives and they felt that they would not have been able to practice safely and effectively if not.

The impending mandatory continuing professional development (CPD) requirements of the Pharmaceutical Society were discussed by all participants in the context of levels of reflection. They implied

that a qualitatively different (lower) level of learning related to reflection was needed to meet the Pharmaceutical Society's requirements. However, although all were aware of the requirements and the electronic recording system that the professional body had set-up, only a minority voiced an informed opinion in this respect since few had started to record their CPD. Of those that had, only one perceived it as promoting a deep level of reflection. The others who had used it felt that it was of a superficial level compared to the *Prescribing Course*:

> *...it [Pharmaceutical Society's CPD] was made superficial because the way the reflection is done...you literally write a one-liner or paragraph, makes it very superficial... if I'm being kind, it's very superficial, and if I'm being unkind, Mickey Mouse... (Participant:29)*

> *...I feel I've gone into a lot more detail about my feelings and that sort of thing [in Prescribing Course Reflective Portfolio] than I've ever done on the Society's website... (Participant:8)*

Other participants felt that this would be the case since the Pharmaceutical Society had to set a baseline level that would be acceptable to the majority of pharmacists. Whereas, they were a self-selected group who had chosen to study a particular Masters level postgraduate course and, at least implicitly, accepted the demands that went with that.

Some even questioned if the Pharmaceutical Society's (PS) model for CPD is actually reflective:

> *...It [PS, CPD] isn't reflection...it's an easy way for people in the Society to monitor what you are doing... they ask structured questions to then compile a report...'this number of boxes were ticked'...Much more difficult for them to audit, or*

report, on somebody's thoughts and reflections…
(Participant:24)

These views from *Prescribing Course* participants appear to confirm the observations and concerns made earlier in this chapter with regard to the model of CPD that is being espoused by the Pharmaceutical Society and the uncertainties that it could create for pharmacists. Other research has proposed that this may be partly due to the widespread use of cyclical models, for example those based on Kolb (1984), for CPD in the health professions that actually promote a, "… ritualistic, superficial approach to reflective learning" (Jones, 2004, p.41). Simple frameworks (Coldman, 2004) and pragmatic guides (Clark, 2004) that provide learners with a choice to create their own framework for reflection are postulated as preferable instead of cyclical models. This move from a non-prescriptive framework that learners used on the *Prescribing Course* to develop skills in reflection, to the cyclical model used by the professional body for their CPD in the future, appeared to cause a degree of discomfort among participants due to perceived de-skilling.

SUMMARY

While generally considered by participants as a new way of learning for them, it appears likely that they did use reflection for learning and the development of professional practice unwittingly in their professional role prior to them being made explicitly aware of reflective learning for the *Prescribing Course*.

The reflective activities that they completed for the *Prescribing Course* also appeared to generate an awareness of different levels or depths of reflection of which learners indicated that they had been previously ignorant. Participants articulated this in a more pragmatic way than the theoretical representations of levels that appear in published literature, relating this to the processes or activities that they perceived they went through.

Published literature has generally reported that most practitioners studied have exhibited the 'lower levels' of reflection in their written narratives. However, the potential confounding factors of risk/benefit analysis that *Prescribing Course* participants appeared to go through, that has the potential to affect what they actually write down, are not addressed in the literature, and therefore may not be providing a true picture. Other factors presented in chapter 6 under the theme *inward and outward focus of the Reflective Portfolio*, will strengthen this proposition. However, it seems that *Prescribing Course* participants were aware of different levels of reflection that are compatible with those expressed in the literature as 'low' and 'high', although expressed differently, and seemingly more simply. The model of continuing professional development introduced by the Pharmaceutical Society was viewed as low level in terms of depth of reflection.

The next chapter (chapter 6) picks up on reflective narratives and explores this within the two key themes *reflective writing/dialogue-with-self*, and *inward and outward focus of the Reflective Portfolio* that emerged from the discussions with *Prescribing Course* participants. Relevant literature is evaluated and integrated with the views expressed by *Prescribing Course* participants. Participants confirmed the value of the *Reflective Portfolio* in developing skills in systematic reflection through writing.

CHAPTER 6

DIALOGUE-WITH-SELF

This chapter focuses on written dialogue-with-self and its facilitation for *Prescribing Course* participants through the medium of the *Reflective Portfolio*. The following research question is of principal relevance:

- How does dialogue-with-self facilitate reflection in relation to learning and professional practice?

The chapter integrates a review of the literature that is relevant to this specific research question, the *Prescribing Course* participants' views that emerged in the two themes

- *reflective writing/dialogue-with-self*
- *inward and outward focus of the Reflective Portfolio*

and interpretation and discussion relating to these and published literature.

REFLECTIVE WRITING/DIALOGUE-WITH-SELF

Prescribing Course participants were required to keep a written *Reflective Portfolio*. Writing through the medium of their *Reflective Portfolio* for the *Prescribing Course* was the principal means for participants to overtly express reflection in relation to learning and professional practice.

Requiring learners to write their experiences and thoughts down, using 'instruments' such as as diaries, learning logs/journals, portfolios, and relating this to their learning and professional practice, has generally been viewed as a valuable activity in aiding reflection.

It has been advocated widely in the literature by, amongst many, Boud *et al* (1985), and more recently Bolton (2001) and Moon (1999).

In relation to health professionals, written learning logs/portfolios have reportedly been used with success with students from medicine, nursing and allied health professionals. For example, Brady *et al* (2002), Kember *et al* (1999, 2000), Pee *et al* (2000), Powell (1989), Rees *et al* (2005), Richardson and Maltby (1995), Snadden and Thomas (1998), Tate and Sills (2004) and Wong (1995). Similar successful findings In relation to undergraduate pharmacy students have been reported by Ashcroft and Hall (2006a and b) and Rees *et al* (2003), and by Edwards *et al* (2004) and Grout *et al* (1999) for postgraduate pharmacists, the latter in the context of continuing professional development.

In a national educational policy context, the Quality Assurance Agency for Higher Education in the UK (QAAHE, 2001) adopted the term *progress file* when it set in motion the introduction of progress files for all undergraduate and postgraduate students by 2005/6, part of the aim of which was to:

> ...develop the capacity of individuals to reflect on their own learning and achievement... (QAA, 2001, p.2)

Clegg (2003) questioned the merits of adopting such a policy across Higher Education (HE), which she believed could lead to flawed reflection, and potentially blocked learning, as proposed by Atkinson and Claxton (2000). Clegg's caution was appropriate, but national policy has dictated that reflective writing is part of learning in higher education.

Using a written *Reflective Portfolio* was most likely a new way of learning for *Prescribing Course* participants, who were mostly familiar with writing in the style used in 'pure' science disciplines. Only one paper has been published in relation to practising pharmacists' use of

reflective portfolios so far (Edwards *et al*, 2004), and only to explore whether *reflective practice* is possible. These pharmacists were postgraduate students studying on a course, similar to that completed by *Prescribing Studies* participants, with another UK university. This was a comparatively brief paper with few details of how the portfolios were analysed or what the researchers were looking for in terms of content and quality of learning. Therefore, I believe that my research makes an important contribution to this area of practice.

As a result of conducting semi-structured interviews with undergraduate education students, Thorpe (1995) published evidence that written course work/assessment can be designed to encourage reflection and deep learning in distance education. She concluded that it:

> ...provides a powerful mechanism for stimulating and supporting reflection and deep learning...[and]...further opportunities for the development of learning and personal outcomes (Thorpe, 1995, p.159).

This was a key purpose in my design of the *Reflective Portfolio* that *Prescribing Course* participants used. The aim of including project work and activities embedded in distance education course materials was to encourage them to use the activities to reflect on the learning materials, including course work/assessment, and their professional practice. The portfolio facilitated this through the eight dimensions of reflection that were described in chapter 2 of this thesis and the resulting written narratives that were the participants' outward expression of dialogue-with-self.

Prescribing Course participants were almost unanimous in their perception of the value of writing for reflection on learning and reflection on practice. They felt that written dialogue-with-self enabled

them to engage in a deeper reflective learning process than was possible without writing:

> *...you won't reflect properly unless you write... you do superficial levels of reflection.... I do do reflection, but it's not the same quality if I don't write it down, and I know that. (Participant:14)*

> *...You can reflect internally, but until you've written it down, until you've seen it on paper, you don't have the full picture. Because sometimes when you write things down they look different. And they're not how you felt. The words don't say what you felt, or thought at the time, so you have to go back and re-arrange them to make it right, or make it say what you thought...so in that way it does structure it a bit more... (Participant:23)*

In effect, they appeared to be saying that the reflective learning process and the level of reflection achieved could be diluted if their thoughts were not physically recorded on paper.

One participant particularly expressed the view that writing slowed down the reflective learning process to make it more deliberate thereby acting as a catalyst for greater depth of thought with time:

> *...certainly with writing down, it slows the process down and therefore it opens up a lot of other avenues that may never have emerged... writing allowed that to happen because it slowed everything down. (Participant:28)*

Most also articulated that they had discovered things about their learning and practice, possibly leading to change or transformation of self, that they were unlikely to have done without writing it down:

> *...one of the most interesting aspects of the course, was that I'd learned a lot about myself, and about scenarios that I*

resolve everyday...actually writing down your reflections is actually a very powerful tool in learning and actually changing and modifying your behaviour. (Participant:29)

Birenbaum and Amdur (1999), Hedlund *et al* (1989), and Pee *et al* (2000) also expressed similar findings of the importance of the written word to making reflection happen in practice and enabling students to make meaning from their experiences.

The notion of returning to the written word at a later date as enabling an even deeper level of reflection on the learning gained and/or relevance and application to professional practice was expressed by the vast majority of interviewees:

...[I looked] at what I wrote, say perhaps 3, 6 months down the line I went back to those things...but it was a different way...involved greater reflection, and probably at more of a deeper level... (Participant:22)

This seemed to be related to their perception that writing provided a structure and discipline for reflection. It provided a permanence to their internal dialogue-with-self that could not be achieved without writing. It also provided a potential source of further input to the reflective learning process.

...the writing helps. Cause it's OK reflecting in your own mind and storing it in the back of your memory, then you have a tendency not to revisit if, whereas I think if it's written down on a piece of paper with a date on it, it's easy to revisit...and re-examine what you've written... 'What did I do about it that time? What could I have done differently?... Right, next time'... (Participant:18)

Although the outcome of reflection was given a permanence by writing, it was clear that it was not perceived as fixed and static, but

as dynamic and evolving; learning from a single event could continue to grow, deepen and maintain currency through further reflection:

> *...you can then also go back to it [reflective writing] and re-visit how you felt...it's ongoing, so the process becomes like a living thing... (Participant:26)*

Participants also used the words "formal" (systematic/structured) and "informal" (unsystematic/unstructured) to distinguish between types of writing in their portfolio as they had done to distinguish between levels of reflection (see chapter 5). Unsystematic/unstructured writing was described as making rough notes that would be written-up later in more detail to meet the requirements of the course. It was suggested that unsystematic/unstructured writing could be a trigger to deeper reflection at a later date:

> *...I found that...writing down [in my] note book... just a few brief notes...are sufficient to...reflect [more deeply] at a later date.... (Participant:8)*

> *...I did a lot of mine by hand [initially]...when I was actually typing up and reading what I'd written... the feelings actually came back of what I was actually experiencing at the time...and then there was another degree of reflection as well...it was like a bit of a domino effect because the one feeling was cascading to another feeling.... (Participant:19)*

This was viewed as a positive attribute of reflective writing in the portfolio. It was also indicated by some that re-reflecting on the written narrative could turn what initially had been perceived as negative experiences or insurmountable challenges at the time into positive learning experiences and personal development:

> *...the few times I have looked back on it [Reflective Portfolio], I guess you realise you've come a long way...Some of the*

> *simple stuff that was big mountains at the time, but now they're just every day, 'do all the time' sort of issues. (Participant:27)*

All expressed a certain pride in their final portfolio and most kept it to hand and had referred to it after the course. However, most reported to having found writing "a chore", and a few participants admitted that they found writing difficult in general and particularly for the *Reflective Portfolio*:

> *...I wouldn't naturally turn to pen and paper to write things down...English isn't my forte. It never has been...I know that I think [reflectively], but to actually sit and write it down it's quite hard work... (Participant:25)*

> *...finding the words, the right words. I knew what I wanted to say but actually to write it down, very difficult to do...facts and figures, very easy to do...but when you're talking about feelings, and sort of things going wrong, if you like, that's really quite hard. It's much harder... (Participant:26)*

The comfort of the 'scientific' approach to writing that pharmacists are familiar with was obviously challenged.

Clouder (2004), Griffiths and Tann (1991), Kember *et al* (2001), Park (2003), Rees (2004), and Varner and Peck (2003) all referred to the general concern that reflective writing is hampered by students' writing ability. This seems to be a concern whether ot not English is the student's first language, and crosses disciplines, as evidenced by the aforementioned work which covers teacher education, undergraduate geography and health courses, and a postgraduate business course. In the case of undergraduate pharmacy students (Rees, 2004), this difficulty is conceivably related to the writing style that is generally adopted for scientific reports which discourages students from using their own voices in their writing. This also has

implications for assessing learners' depth of reflection from their written narratives since they may not be able to express themselves on paper other than at a superficial level. Published literature that reports on levels of reflection that students exhibited in writing (Griffiths and Tann, 1991; Kember *et al*, 1999, 2000; Modra, 1989; Powell, 1989; Richardson and Maltby, 1995) does not appear to acknowledge this potential issue.

Potential writing difficulties aside, most *Prescribing Course* participants indicated that it was unlikely that they would continue to write substantially in the future to produce written narratives in the way that they had done for the course. This was attributed to constraints on their time, principally due to high workload and personal life events. The probability that they would discontinue writing was despite the fact that they recognised the benefits of doing so and the fact that they felt that writing consumed less time anyway as the course progressed:

> *...by the end of the course you could do it [reflection] quite succinctly, so you weren't really spending a lot of time on the actual writing-up because [it was] the process of thinking that was important...I could see some people might not want to write but they might still reflect just as well. (Participant:16)*

In relation to undergraduate pharmacy students, Rees *et al* (2003) reported concerns over the time consuming nature of reflective writing. However, their study focused on students who, unlike pharmacists on the postgraduate *Prescribing Course*, did not also have to contend with the pressures of professional employment as a competing time factor. So perhaps it was not time *per se* that was the direct issue, but the fact that they took longer to identify what to reflect on, given their lack of professional experience compared to practising pharmacists. In contrast, Grout *et al* (1999) reported that the time needed to compile a portfolio for continuing professional development assumed less importance as hospital pharmacists

became more reflective in their approach to learning and practice. Therefore, as they became more *au fait* with how to use reflection, recording became quicker. So, it would appear that *Prescribing Course* participants were similar to the pharmacists that Grout *et al* studied. However, no indication was given by Grout *et al* of the extent of written reflective narratives required. It may be that the portfolio was mainly a file of evidence of professional activity for continuing professional development. It is therefore difficult to draw comparisons with the *Prescribing Course* portfolio.

The perceptions among *Prescribing Course* participants about time suggest that the course tutors need to prepare them better to integrate reflective writing within their professional practice so that it is not viewed as an 'add on' that is time consuming and adds to workload. Snadden and Thomas (1998) drew attention to the parallels between patient medical record keeping and keeping a reflective portfolio as a way of overcoming the perceived issue of time. Given that when they finish the *Prescribing Course* participants are, like medical practitioners, legally bound to keep records of their consultations with patients, this is perhaps one way that tutors could encourage future learners to integrate reflective writing into daily practice.

However, *Prescribing Course* participants expressed two exceptions with regard to writing in the future. The first was to meet the compulsory continuing professional development (CPD) requirements of the Pharmaceutical Society. Since January 2006, all pharmacists have been required to record their CPD and encouraged to use the text-based, online recording medium provided by the Pharmaceutical Society, or its paper equivalent if necessary. So writing narrative is mandatory for pharmacists to some degree.

All participants felt that their experience of writing for the *Prescribing Course* had fully equipped them to cope with the demands for recording CPD for the professional body:

> *"I think it's [CPD] just a lot easier because we've had plenty of practise. Whereas [before the Prescribing Course] your mind would wander to something else, and you wouldn't focus..." (Participant:10)*

However, as indicated in chapter 5, there was the perception among the vast majority that this would be a lowering of the level of reflection for CPD compared to the requirements for the *Prescribing Course*. This seemed to cause some concerns among the participants in relation to losing the skill that they had developed in reflective writing for the course. The very structured style of the Pharmaceutical Society's recording medium is more akin to a scientific form since it requires many boxes to be filled in, and therefore seems to be encouraging a behaviourist approach to CPD, not a constructivist, reflective one. However, this notion that they expressed of potential de-skilling should be viewed in the light of their comments that they would not generally have the time or inclination to write reflective narratives anyway, so de-skilling could happen through non-use of the writing skills they had developed on the *Prescribing Course*. One positive aspect of the CPD requirement is that it includes reflection and written records. The fact that it is mandatory means that these pharmacists will be required to do it to remain practising. Rees *et al* (2003) concluded from their study of undergraduate pharmacy students that the professional body should emphasise the learning component of the writing activity itself in an effort to encourage its acceptance. The final year students who participated in that study had been exposed to a written method of recording reflection based on that required by the Pharmaceutical Society.

The second exception where most felt that they would continue to formally write reflective narratives was to record their significant events as they had done on the *Prescribing Course*. These were perceived as being a very useful source for reflection and relevant to

their daily professional practice, to identify good and poor practice, and implement change where necessary. Snadden *et al* (1996) drew the conclusion from their interviews with general medical practitioner registrars that time was not an issue if the individual could see a point to writing in a portfolio.

Prescribing Course participants also felt that some free writing, in the format of note-taking, would be beneficial since this type of writing for the *Prescribing Course* helped them develop a 'mindset' for reflection. Prior to the course they had not recognised this activity as part of a reflective learning process. They felt that they would continue to explicitly use a systematic/structured reflective process to their learning and professional practice, without writing or with minimal writing, that they had not perceived they had done before. Pee *et al* (2000) also reported a preference for non-written reflection among dental therapy students. Participants in my study felt that the reflective writing required for the *Prescribing Course* had been a training tool that developed their skill in reflective thought and deep learning:

> *...I don't do it now [reflect in writing], but I'm probably better at doing it in my mind to myself. (Participant:32)*

Birenbaum and Amdur (1999), Pee *et al* (2000), Richardson and Maltby (1995), and Varner and Peck (2003) all referred to the potential of the portfolio as a training tool for systematic reflective thinking in the future that is not physically recorded on paper. However, Birenbaum and Amdur (1999) questioned whether this alone was sufficient without a more substantial training programme that specifically promoted the attainment of reflective skills. Varner and Peck (2003) proposed that the contribution that a written portfolio or journal can make in this respect is likely to be dependent on the length in time of the course where it is used. In Varner and Peck's case, the course was over 14 weeks which may not have been sufficient compared to the 6-month *Prescribing Course*. Future

research might look at the minimum writing period that is required to instil a systematic reflective approach to learning and practice. *Prescribing Course* participants suggested that they did do some sort of reflection without realising it, as discussed in chapter 5 of this thesis, but writing seemed to be a way of telling them that they were 'doing' reflection. Birenbaum and Amdur (1999) also reported a similar finding in their study of in-service teachers. Participants in my study felt that reflection could be carried out in the future without the need for extensive formal recording i.e. 'thinking' reflection as opposed to 'doing' reflection:

> *"I think the process of writing things down through the 6 months [of the course] was about learning how to do it, so maybe one doesn't have to write everything down now...it's like ingrained to do reflective thinking..." (Participant:10)*

INWARD AND OUTWARD FOCUS OF THE REFLECTIVE PORTFOLIO

Participants identified aspects of completing their *Reflective Portfolio* that could be classed as providing an inward focus (self-awareness, personal growth, creative and personally rewarding elements) or outward focus (assessment, routine processes for course requirements) as described by Varner and Peck (2003). All participants demonstrated both tendencies. The outward focus was expressed mainly in relation to course requirements and the portfolio being an element of course assessment and therefore compulsory:

> *...to start with I was doing it because it was an element of the course... (Participant:24)*

In relation to demonstrating an inward focus, participants referred to the fact that they felt they had been open, honest and uninhibited in the written reflective narratives that they included in their portfolios.

Two interviewees referred to this as like *"Bridget Jones"*, the character of a popular fictional text. For example:

> *...it was like my Bridget Jones diary really...It was my friend...And it just...made it...a lot more easy to express...myself... (Participant:19)*

Pressure to write in the portfolio on a regular basis, to meet course requirements (outward focus), was expressed both positively and negatively since participants could also see a personal benefit (inward focus) that perhaps had not been expected, as this dialogue between focus group participants shows:

> *...you feel under pressure to have a chunk written [in the portfolio]... (Participant:6)*
>
> **(outward focus)**

> *....And you get to the end of a week, and 'oh I haven't written up a significant event this week'...and panic sort of thing. (Participant:8)*
>
> **(outward focus)**

> *...but when you really do start to think about it, you think 'oh well, that was quite interesting'... (Participant:7)*
>
> **(inward focus)**

> *...yes, 'that was worth writing up'. (Participant:8)*
>
> **(inward focus)**

They recognised that an inward approach to engaging with their portfolio was important for them as individuals to gain meaningful personal and professional benefit from it:

> *...it [the portfolio] is for you isn't it because you have to give up something of yourself if you're writing honestly...and that*

brings emotion into your reflection…then it's a personal piece of writing…I wouldn't write…' a,b, c and d' because that's what [university name] want me to say in this situation, because that wouldn't be a true reflection. It has to be what you actually feel… (Participant:25)

This seemed to take precedence over the elements that represented an outward focus within the early months of the course, and displayed a transition in how they perceived the portfolio over the course:

…when you first do the reflection you're doing it to satisfy a set of rules…towards the end… if I did a piece of reflection that I was happy with, I thought 'to hell with it, if no one likes it, that's it, it's mine', so I think there was a gradual understanding that…it was mine…somebody was going to read it, but it was mine in the end… (Participant:23)

Participants expressed what seemed to be a dilemma around producing a 'personal' portfolio (inward view of portfolio), that was also a portfolio that achieved the course requirements, and that they were comfortable sharing with another reader (outward view of portfolio). They were obviously aware that the portfolio was an element of assessment that would be read by a tutor at the university, as the previous quote shows. Richardson and Malby (1995) and Snadden and Thomas (1998) also reported this in their studies of student nurses and general medical practitioners respectively. However, although there appeared to be a dilemma for some participants over the private (inward focus) and public (outward focus) of the portfolio, most expressed less concern about this when they knew who the reader would be and trusted that individual to be discreet. So, this had little effect on how open and honest they were in their writing, while weighing up that the portfolio was an artefact or product for the end of the *Prescribing Course*:

> *...it probably didn't apply to me [concern about who would read the portfolio] because I knew the people who would be reading it [at the university]...but [I] suppose if you didn't know, who was reading it, you might be more cautious perhaps about what you wrote [laughs]... with your DMP [workbased clinical supervisor], you'd be cautious... (Participant:16)*

This issue of trust as being an influencing factor that bears relevance to adopting an outward focus for a written reflective portfolio, and how that they would potentially be constrained in their writing depending on the final reader(s), was discussed in broader terms by some interviewees. They expressed a wariness of employers and others who they perceived to have power or authority over them. Participants expressed the notion of being monitored and surveyed, and that they had to protect themselves from including open and honest writing in a portfolio that could potentially be manipulated and used against them:

> *...your relationship with an employer is always defensive to a certain element...and so you have to protect your position...decreasing the quality of your reflection because you've always got something in mind of who's going to read it...I don't think you can put reflective learning in an appraisal-type situation because you'll never get the honesty that's needed... (Participant:14)*

This is discussed more fully in chapter 7 in relation to potential obstacles to the use of reflection.

These fears around lack of trust and confidentiality are therefore potentially inhibiting, as Pee *et al* (2000) similarly discovered when they interviewed dental therapy students, although this was in the context of undergraduates and their tutors. In general, *Prescribing Course* participants expressed caution about being too open in their *Reflective Portfolio* if they thought their clinical supervisor might read

it since they viewed these individuals as being in a position of authority over them. At the other extreme, two interviewees referred to how their portfolios had helped their work-based clinical supervisors to identify learning needs of their own through vicarious learning. Therefore, the relationship that is established between learner and supervisor is important in this respect.

One participant expressed a very strong view that suggested that being aware of an inward and outward focus could be helpful and positive in the workplace. It appeared to have helped her to communicate things in writing to her clinical supervisor that she did not have the confidence, or felt too inhibited, to express orally to him. She felt that, prior to the course, she would not have envisaged the portfolio as such a powerful mediating tool to provide the support she received from her supervisor. Two other participants also experienced the value of this, although to a lesser extent, and felt this was a 'safe' method of interpersonal communication. Snadden and Thomas (1996) also reported the value of the portfolio as a way to:

> ...increase the trainer/registrar dialogue in difficult relationships. (Snadden and Thomas, 1996, p.150)

Most participants also attributed the notions of caution, authority and trust in relation to Pharmacy's professional body (Pharmaceutical Society) and the impending compulsory recording of continuing professional development that it was introducing. They expressed concerns about how much trust they could assume in relation to confidentiality of what they had written in their continuing professional development portfolio:

> *...on the Society's website... you're a bit concerned about who's actually going to see what you've put down. I mean the Society says it's confidential...but...you've got your professional trust that that's the case... (Participant:8)*

It appears that individuals go through some sort of internal risk assessment that affects the inward/outward focus that they adopt in relation to the written content of a reflective portfolio, that depends on who has access to the written narrative and their status:

> *... if you're going to share something [with a work colleague]...You'd probably be cautious, and you'll think about what you write [in the portfolio]... you've really got to think about what you're writing, whereas when you're writing a letter to your friend...you can be quite open and frank about what you're saying.. (Participant:19)*

> *...the thing with the portfolio is that it makes you realise, when you're writing, how fallible you are...[me] being quite competative...you don't want to show weaknesses... (Participant:15)*

None appeared to perceive university tutors who would read their work as a threat in this respect, and therefore it could be concluded that they trusted these individuals. However, this was not the case for the professional body.

Also in relation to the continuing professional development (CPD) requirements of the Pharmaceutical Society, participants felt that the *"ticking the box"* style that they were required to use to produce their CPD portfolio encouraged an outward, 'doing it for the sake of it', 'professional requirement' focus. They felt that this mundane, ritualistic 'reflection' was not conducive to the learner-centred, mature, free-writing reflective writing approach that they had become comfortable with as a result of the *Prescribing Course*; an approach that had encouraged them to think of the portfolio to be of personal benefit (inward focus):

> *...I don't think that, that the website [Pharmaceutical Society CPD recording] is based on a full understanding of reflective*

> *practice, not at all… I still feel that that's in the tick-box era…the way I want to write my reflection, isn't accounted for in the way that that is designed… If I've reflected, that's good enough for me, I don't want somebody else to tell me how I've got to reflect…I should be adult enough to pick up what I'm going to learn… (Participant:14)*

It would appear that the Pharmaceutical Society needs to carry out some promotional work with pharmacists to convince them of the benefits to self provided by the mandatory requirements for CPD. *Prescribing Course* participants seemed to be comparing it with the personal choice to engage with postgraduate education and perceived it to be deficient in this respect.

However, some parts of the *Prescribing Course Reflective Portfolio* were viewed in a similar light by some participants. These were the sections that required them to summarise their attainment of specific learning outcomes and prescribing competencies:

> *…now I'm really getting to enjoy that bit [reflecting], but I hate having to match it up with the big charts [of learning outcomes and prescribing competencies] at the back of the folder… (Participant:5)*

This is a particular function of the *Reflective Portfolio* that affords less freedom of expression and will be used somewhat as a checklist of achievement of the competencies. Others who recognised these as being legitimate and inevitable components challenged this view to some extent. However, it was apparent that this more structured, 'tick box' element of the *Reflective Portfolio* was generally perceived as requiring a different, less satisfying, level of reflection, more akin to Varner and Peck's (2003) description of an 'outward focus' for a learning log.

SUMMARY

In summary, *Prescribing Course* participants expressed how writing in the *Reflective Portfolio* had developed their skills in using reflection for learning and professional practice, as had been my goal. All *Prescribing Course* participants in this study were convinced of the value of the written narratives that outwardly expressed dialogue-with-self. The *Reflective Portfolio* was perceived as a training tool for developing the mindset and skills for reflection on learning and professional practice that embedded reflective learning as normal for learning and professional practice where previously it was viewed as alien. The design of the reflective activities within the portfolio have proven appropriate to encourage written dialogue-with-self that subsequently resulted in outcomes of learning, change, action and transformation.

However, there was another element that could affect what the learners wrote in their portfolios. The notion of an inward and outward focus in relation to writing reflective narratives came across very strongly, but appeared to be of low consequence in what they perceived to be the 'safe' learner-tutor relationship. However, this was generally not the situation for the workplace or the professional body. These were both perceived to lack the trusting environment required for uninhibited dialogue-with-self to be made public.

The next chapter (chapter 7) explores the three remaining themes that emerged from discussions with the *Prescribing Course* participants, i.e.:

- *affective dimension of reflection*,
- *obstacles to reflection*, and
- *enlightenment, empowerment and emancipation through reflection*.

They provide insight to their perceptions of reflection in relation to the obstacles, including those in the workplace, and personally satisfying outcomes that they experienced during the course.

CHAPTER 7

REFLECTION: OBSTACLES AND OUTCOMES

This chapter focuses on the *Prescribing Course* participants' perceptions of reflection in relation to the obstacles to its use for learning and professional development, and the personally satisfying outcomes that are fairly intangible. In approaching these issues, the following research question is of principal relevance:

- What do they perceive as the positive outcomes of, and obstacles to, reflection?

The chapter integrates a review of the literature that is relevant to this specific research question, the *Prescribing Course* participants' views that emerged in the three themes:

- *affective dimension of reflection*
- *obstacles to reflection*
- *enlightenment, empowerment and emancipation through reflection*

and interpretation and discussion in relation to these and published literature.

Prescribing Course participants were required to use a learning approach, reflective learning, that was likely to be new or unfamiliar to all of them. In my experience as a learner and tutor, anything new or unfamiliar is likely to cause anxiety to an individual to some degree. I had detected some resistance and uncertainty among students during the *Prescribing Course* in this respect. It was also evident that some obstacles to engaging with reflection needed to be overcome, or at least their existence acknowledged.

AFFECTIVE DIMENSION OF REFLECTION

Research has emerged that points to the difficulties that individuals experience in their efforts to become reflective learners (Clegg, 2003). In general, several researchers have alluded to this *affective dimension* of reflection that involves personal emotions and feelings. For example, Boud and Walker (1993), Challis *et al* (1997), David *et al* (2001), Dempsey *et al* (2001), Kember *et al* (2001), Morrison (1996), Park (2003), Pee *et al* (2000), Snadden *et al* (1996), and Usher *et al* (1997). The disciplines represented in these papers (social work, healthcare, education and geography) shows how this issue is common across learners from different backgrounds. Kember *et al* (2001) in particular reported on the affective dimension of reflective learning in their work that involved analysis of journal entries and in-depth interviews with six nurses registered on a post-registration degree programme, and concluded that there was a need for more research in this area. More recently, Rees *et al* (2005) have published additional data from the qualitative element of their study of undergraduate medical students. I feel that my research provides a further important contribution in this respect for postgraduate students.

Prescribing Course participants in the focus groups expressed a range of responses to reflection that included cynicism, ambivalence, resistance, and uncertainty as they were taken out of their comfort zone in relation to the learning that they had experienced before:

> *...[reflection initially caused] anger, frustration, irritation. (Participant:13)*

Following this up with individual interviewees also revealed general initial negative feelings commonly expressed as:

> *...I was quite afraid of it [having to reflect] really... (Participant:14)*

...I was quite sceptical to begin with... (Participant:15)

...reflective learning initially was a nightmare, to be honest with you... (Participant:20)

...everyone [students on the Supplementary Prescribing course] was in horror about it. I have to admit there was great trepidation... (Participant:29)

The writing itself brought in a dimension where individuals who thought they probably did reflect in an unsystematic/unstructured way, as part of their normal professional practice, became anxious:

I think it's something [reflection] that we do that's inbred into all of us, but I think to formalise it, and start to think that you must write it down, I think that's where people start to worry about it...people start to get a bit scared about it. (Participant:19)

...it was quite uncomfortable at times to actually sit down, particularly when you were writing about things that hadn't gone well... I felt a bit awkward doing it to start off with... (Participant:15)

Most perceived that their initial negative feelings about reflection and reflective writing were due to embarking on a new way of learning that was unfamiliar and alien to their previous experience as learners. This had been principally embedded in what they had expressed as 'traditional, academic learning', as was discussed in chapter 4, for which they were normally told what to do and when:

The anal bit about being a pharmacist came out...and that's where I had struggled to overcome to start with... it's the analytical scientific approach, and to suddenly go into something that's, to be honest is fluffy, it's touchy-feely, it's

something that I don't do, it's not me, it never has been…it was totally alien to me as a way of working… (Participant:32)

Participant 17 specifically attributed the difficulty and emotional trauma that she had experienced in initially engaging with reflective learning to her being a *"victim"* of the 'traditional' ways of learning that she had been brought up with:

…certainly, as I say, being a victim of the educational system that was ours, I find that, sometimes very difficult to do [referring to reflective learning]. (Participant:17)

The affective response appeared to cause feelings of uncertainty and discomfort that they found difficult to deal with, and seemed to them at odds with their adult and professional status:

…I was daunted…like any new experience…you might be…a qualified professional person, and god knows how many years old, but you still felt like 'ooh, it's like the first year at school!' (Participant:18)

These views are compatible with similar findings reported in the literature . My work therefore adds to existing published literature in this respect. Claxton (2000) also referred to new skill acquisition as involving a state of confusion as a means to learning a complex skill more quickly. My observation of, and interactions with, learners on the *Prescribing Course* at the time leads me to concur with the confusion aspect. However, whether or not the learners would have appreciated it at the time as a necessary means to becoming rapidly skilful in relation to using reflection for learning and professional practice is open to question. Reflecting on my own feelings at the time, I too experienced an affective response that manifested itself as guilt and uncertainty over this new way of learning that I had introduced given their obvious discomfort with it at the start of the course.

However, for the *Prescribing Course* participants the passage of time led to feelings of a more positive nature and acceptance of the value of reflection that made it easier, satisfying and even pleasurable:

> *... then actually [after a while] reflection becomes easier...it breaks that cycle of 'oh what a pain' doesn't it?...becomes...easier, more pleasurable thing to do... (Participant:11)*

Clegg (1999) also reported on this pleasurable aspect of reflection in her critique relating to professional development in higher education.

Even the *Prescribing Course* participants who expressed most scepticism initially voiced a change in attitude to reflection:

> *I was very cynical at first ' oh god, a load of old...psycho-social waffly stuff'... while I was doing the course I did become...a bit of a convert to it...in my portfolio...I wrote something about being a grudging convert to reflection... (Participant:12)*

The period of negativity was followed by a transition to positive feelings, towards using reflection as a means of learning and application to professional practice, after realising its value:

> *When I first started writing my reflections down, I couldn't really, I was fighting against it. I didn't want to do it. I felt that it was going to be an enormous waste of my time...then after the first couple of months...[I] started to realise that it was useful... I'm a convert... (Participant:26)*

Despite the initial frustration and uncertainty regarding what was required, they came to view reflection as having a positive effect in relation to a deeper, lasting approach to learning, related to personal

growth and professional practice. Challis *et al* (1997), David *et al* (2001), Dempsey *et al* (2001), Kember *et al* (2001), Modra (1989), Morrison (1996) and Park (2003) also refer to this transition from negative to positive affective response, but provided little detail in their publications.

The transition to positive feelings about reflective learning and its application to practice was generally expressed as gradual, over a period of 2-3 months, so that by half-way through the 6-month course participants had experienced a step change in their attutudes and perceptions of this method of learning. This came as a surprise to most *Prescribing Course* participants and was something they would not have envisaged at the beginning of the course given their then strong negative feelings:

> *...it [reflective learning] should be strongly encouraged I think. When I first began the course I wouldn't have said so. I mean it's surprising! (Participant:18)*

Participants attributed the change principally to four things: perceived relevance of reflection to learning and professional practice; routinisation through practise and habit; written dialogue with self in their portfolios; dialogue with others.

Perceived relevance of reflection to learning and professional practice

Participants stated that positive feelings towards reflection for learning and application to practice, and a sense of being comfortable with it, developed as the relevance and value of this method of learning became clearer to them through timely use and application of learning. They contrasted this with a negative situation where reflection is forced to fulfil course or professional requirements rather than personal need:

...sometimes on courses you have forced reflection...and you're ticking a box, and I don't really enjoy that...But I understand that reflection is of use to me, it helps me grow, I want to do it when it means something to me... (Participant:14)

Routinisation through practise and habit

As the course progressed and students became more practised, participants said they became more positive about reflection as a tool for learning and professional practice. They appeared to view reflection as a good, mature, way of learning that was more satisfying, lasting and, most importantly perhaps, clearly related to their professional practice; an orientation to applying knowledge as against simply acquiring it. Some also related this to the observation that the reflective learning process eventually became habitual rather than something new:

...after a while, it became routine, and it became a habit... I really think it's a fantastic way of learning...it's a wonderful way of actually learning... (Participant:19)

This notion of reflection as becoming a habit was presented and discussed in chapter 5 (page 67) within the theme *reflection as norm*. So overall, participants appeared to be saying that as they became skillful in using reflection and it became a normal, habitual way for them to learn, their initial anxieties reduced and were replaced by positive feelings.

Written dialogue-with-self in the portfolio

Dialogue-with-self through the medium of their portfolios appeared to be an important factor for participants in the transition from negative to positive affective responses as the course progressed. They expressed notions that implied that writing helped them in their

journey from perceiving reflection as something new and highly alien and challenging to their comfort zone, to something that was part of their normal learning routine and habit.

> *...it [reflection] was quite hard at first I thought...and then it becomes...part of your normal routine...that was the key thing, making it part of your routine. I think documenting it was actually quite useful [in this respect]... (Participant:16)*

Writing and reflection was presented and discussed more fully in chapter 6.

Dialogue-with-others

Encouragement through dialogue with other students and tutors on the *Prescribing Course* was cited by around half of the participants as being an important motivational factor in the transition from initial negative to the later positive feelings. These participants felt that the portfolio groups that met informally for a short period of time on four face-to-face days, and also ad-hoc communication electronically, had a motivational influence that engendered confidence in individuals about their engagement with the reflective learning process:

> *I was quite daunted when...reflective learning was introduced [on the Prescribing Course]...I felt I was going to be quite uncomfortable...but once you sort of muck in, and everyone else is doing it, it kind of encourages you a lot... (Participant:15)*

Several authors, including Atkinson (2000), Boud *et al* (1993), Brockbank and McGill (1998), Challis (1997), Dempsey *et al* (2001), and Kember *et al* (2001), have commented on the value of group discussion in helping students to engage with reflective learning and practice. Others, for example Richardson and Maltby (1995), have reported that group dynamics, when problematic, can be detrimental

to the reflective process. Silen (2003) expressed the view that students need to adapt to a reflective learning process on their own to become independent and autonomous learners.

Brockbank and McGill (1998) appeared to take the unequivocal position that reflective dialogue is essential for the learner to develop reflective practice. They did not explicitly state that human interaction through the spoken word in face-to-face contact with other learners and tutors is the sole means of achieving this, but they did not give examples of other practical means of achieving reflective dialogue other than face-to-face interaction. For example through the medium of written text from internal dialogue-with-self using a reflective learning log/portfolio, or with others through the medium of computer-mediated communication (Andrusyszyn and Davie, 1995, 1997; Black *et al*, 2003; Koory, 2003; McDonald, 2002). Examples of facilitating reflection through dialogue and learner-learner, learner-tutor interaction reported in Boud *et al* (1985) also relied on the spoken word in face-to-face interaction. This might be expected given that other two-way communication media, particularly computer-mediated communication, would have been insufficiently developed for this purpose at the time of their publication. However, they also omitted the medium of written text from internal dialogue-with-self.

Although *Prescribing Course* participants commented on the benefits of group interaction to increase their motivation, none felt that this was essential to their engagement with reflective learning *per se*. The group discussions appeared to be principally an avenue they used to talk to each other about the course and express their discomfort with reflection, and negative affective responses in the first few months of the course, rather than a forum for sharing and discussing learning and professional practice 'events'. They had been encouraged to do the latter by course tutors, but this appeared to lapse into a general discussion:

> *...they [portfolio groups on study days] became more a reflection of how you're feeling about the course itself rather than reflecting [on a personal event]... ...your highs and lows... more around morale boosting... it's a support, but perhaps not in the way it was intended [by the tutors] to be a support. (Participant:1)*

> *...what we've used ours [portfolio group] for, just to have a moan... (Participant:23)*

OBSTACLES TO REFLECTION

Boud and Walker (1993, p.81) stated that:

> ...a barrier is only a barrier when a particular learner is impeded in learning.

Conceivably, the affective dimension that was explored in the previous section was a barrier or obstacle to learning through reflection since *Prescribing Course* participants appeared to be impeded in their learning, albeit temporarily. However, in relation to their perceptions of reflection, participants articulated specific obstacles that they perceived that warrant separate presentation and discussion.

With the exception of one participant, the availability of sufficient free time, in the context of professional practice, was the first and most important barrier that they all referred to. There is a general tendency among pharmacists to cite time as a barrier for the implementation of any change to their practice, new role or professional service. However, this has been reported in the literature in the context of reflection in relation to other health professionals (Clouder, 2004; Griffiths and Tann, 1991; McMahon, 2000; Pee *et al*, 2000). Some have perceived reflection for learning and practice as additional to other learning activities in which they normally participate.

Prescribing Course participants particularly referred to the constraints of available time in relation to them *writing* as a means of learning from reflection, as indicated earlier in this thesis.

A minority few *Prescribing Course* participants indicated that cultural aspects embedded in the workplace could be obstacles to engaging in systematic reflection. These cultural aspects included the general workplace culture, a competitive culture and a 'no blame' (Ghaye, 2005) culture. Workplace features and cultural aspects that are unsympathetic to a reflective approach to learning, for example where achieving set targets is the overriding goal, have been reported in the literature (Boud and Walker, 2002; Ghaye, 2005; Johns, 2004; Sparrow *et al*, 2005). Most *Prescribing Course* participants were pharmacists who worked within a culture where meeting prescribing targets and drug budgets were high on the agenda for the employing organisation. Therefore, it could be argued that they were working in an environment that espouses a culture that is prescriptive, akin to behaviourism rather than a culture with a more constructivist, emancipatory philosophy that would be more conducive to reflective learning. In addition to this, the concept of the 'no blame' culture or organisation (Ghaye, 2005) could also be important in relation to *Prescribing Course* participants engagement with reflective learning. The *Reflective Portfolio* encouraged them to reflect on positive and negative events and experiences in their professional practice. The 'no blame' workplace should provide the freedom to share these, particularly the negative, for mutual learning among colleagues without any possiblility of reprimand for the individual.

The few *Prescribing Course* participants who made assertions about the general culture of the workplace related these to what they perceived as their employer's attitude to reflective learning activity and its value to the organisation. They seemed to assume a negative attitude, with no apparent foundation in reality, that appeared partly

related to their own feelings of guilt that reflection was a luxury activity and not a legitimate activity to undertake during work time:

> *...I always feel that when I'm at work I should give value for money, and to actually reflect and take paid time to do something [reflective writing] that's a personal thing is weird for me...I think it's a luxury [setting aside time for reflection]... (Participant:14)*

> *...[with reflection] it's...the fact that you're perhaps...not doing what you think your bosses want you to do...I'm sure the people at the PCT would like me, not to...reflect on things, but just do loads of medication reviews and save lots of money. (Participant:17)*

In her research with teachers into structured reflective learning in the workplace, Hill (2005) found that teachers' managers had made them feel that they were:

> ...engaged in a somewhat worthless and time-consuming activity. (Hill, 2005, p.217)

and that endorsement by management of this learning approach was considered necessary to make it work. So perhaps this is an area for further research with pharmacists and their managers.

The views expressed by these particular *Prescribing Course* participants also indicated their perception of reflection as a personal activity, even if its purpose is to enhance professional practice.

While agreeing that reflection on learning and reflection on their practice, and documenting this, should be a normal thing for them to do, Participant 17 specifically referred to it not being a "...natural..." thing to do in a modern organisation where the philosophy appears to be reactive rather than reflective:

> *... [reflection is] something else...because the modern life [it's] move on, deal with it, move on... (Participant:17)*

The attitudes of others, with whom they interacted in their professional working context, was expressed by participants in two ways. The first was the existence of a generally non-reflective culture in the workplace:

> *...you're in contact with GPs all the time, and you don't see them reflecting...you do get involved in that culture... (Participant:14)*

The second was a competitive professional culture of not admitting weakness. This was particularly voiced in relation to their views around sharing reflective dialogue with others in the workplace through group discussions. The underlying issue appeared to be trust of other individuals. Although participants had not found this a problem on the *Prescribing Course* on the few occasions when they shared reflective dialogue with other course participants, professional practice environments were viewed as less safe.

Some participants' experiences in relation to the healthcare team approach to reflective learning led them to caution that this could be negative if the work environment did not also encompass a 'no blame' culture:

> *I can imagine that if people aren't situated within a no blame culture, as I was before I started [in this medical practice], you can imagine how they would find it hard to write even [for] themselves about what was happening, let alone let it possibly out in circulation. (Participant:27)*

Similar workplace cultural issues have been reported in the literature (Boud and Walker, 2002; Ghaye, 2005; Johns, 2004; Sparrow *et al*,

2005). Cultural issues have also been identified in the literature at postgraduate level as a possible concern in relation to relationships based on trust between students and tutors (Pee *et al*, 2000). This perhaps raises some potentially interesting questions around communities of practice (Wenger, 1998), and communities of learners (Dempsey *et al*, 2001), and how they cope with things when they go wrong. The implementation of clinical governance (Department of Health, 1999, 2000) appears to have had little influence in this respect for pharmacists in this study. Acknowledging mistakes publicly appears to remain potentially problematic.

Several *Prescribing Course* participants believed that adapting to reflective learning was a function of personality. They felt that an individual's personality traits, including preferred learning style, could be a potential obstacle, but not insurmountable:

> *...I also think it's [engagement with reflective learning] down to people's personalities. I think some people do work better the 'memorise and regurgitate' method [of learning]...I was quite surprised...I adapted very well to reflective learning... (Participant:18)*

Boenink *et al* (2004) in their study of undergraduate medical students tentatively postulated a relationship between "...personality disposition..." (p.376) and tendency to be reflective. However, the vignettes and semi-structured questionnaire that they used did not allow them to draw any firm conclusions. My study only provides a small further contribution in this respect.

In summary, the main obstacles that participants perceived that could affect their engagement with reflection for learning and professional practice were time, cultural aspects within the workplace and individual personality traits.

The next section looks at the less tangible personally satisfying outcomes of reflective learning expressed by *Prescribing Course* participants that emerged within the theme *learner enlightenment, empowerment and emancipation through reflection.*

LEARNER ENLIGHTENMENT, EMPOWERMENT AND EMANCIPATION THROUGH REFLECTION

The literature is scare In relation to the positive, personally satisfying aspects or outcomes of reflection that are less discernible. Earlier in this thesis (chapter 1, page 10) I indicated the possible outcomes of reflection as deep learning, action, change, and transformation. These are well discussed in the literature by many, including Brockbank and McGill (1998) and Schön (1987). However, the literature has suggested some less tangible outcomes that could impinge on those that are tangible or visible to the external world, and arguably enable their attainment. In particular, Kember *et al* (2001) described enlightenment, empowerment and emancipation as outcomes experienced by the health professionals that they studied:

> Enlightenment is to understand the self in the context of practice. Empowerment is to have the courage and commitment to take necessary action. Emancipation is to liberate oneself from previous ways of being to achieve a more desirable way of practice. (Kember *et al*, 2001, pp.24-25)

I hoped that the reflective activities within the *Prescribing Course Reflective Portfolio* would enable learners to attain these states of being when relevant to the benefit of their professional practice.

With regard to the personally satisfying outputs of reflective learning, *Prescribing Course* participants expressed views and notions that resembled those of enlightenment, empowerment and emancipation

as described by Kember *et al* (2001). Emancipation is arguably analogous with transformation of self in the personal context.

One particularly positive benefit of reflective learning that emerged as a result of completing the *Prescribing Course* for some focus group participants was that of a substantial change in self, or emancipation/transformation. This appeared to be manifested as increasing practitioner confidence in their professional role, and a sense of enlightenment, empowerment and emancipation to varying degrees depending on the situation. Similarly, individual interviewees expressed notions of increased confidence, self-awareness, discovery-of-self and sense of achievement, and sometimes revelation, in relation to their professional role and activities through self-questioning from engagement with reflection on learning and reflection on practice. For example:

> *...I've never ever reflected on my own practice before [the course]. Ever. I've never sat down and thought 'what am I doing and why, and what would I like to get out of it, and where would I like to go next?'. I've never done that before. So actually, that has changed the way that I think about what I'm doing...I just sort of blindly blundered into doing things with no planning ahead. And now, to think about what I'm doing...I think it's really good. So that has changed the way that I operate in my career... (Participant:26)*

Although not all in the context of professional practitioners, Birenbaum and Amdur (1999), Park (2003) and Thorpe (1993b, 1995) reported similar finding from their studies of undergraduate education students (Birenbaum and Amdur, and Thorpe), diploma education students (Thorpe), and undergraduate geography students (Park). Like *Prescribing Course* participants, Thorpe's students were also distance learners.

For *Prescribing Course* participants, these outcomes appear to have been facilitated by reflection that manifested itself in the examples most referred to, unprompted, in the interviews as:

- reflection on learning for further learning and self-development
- reflection on learning for applying to professional practice
- reflection on professional practice for further learning and self-development
- reflection on professional practice for applying to future professional practice

These resembled the categories of reflection that were the supporting structure of the *Reflective Portfolio*, as described in chapter 2 (page 19), and therefore suggested that the portfolio was enabling the learners to use reflection as intended for their learning and professional practice. The following extract from one participant's interview captured all of these as shown in emboldened text:

> *...so you think, 'right, I've got a hypertensive Afro-Carribean patient, they've been on their normal drugs, now what do I do?' Right, so first thing I've done is I've identified that I've got a gap in my learning, OK?* ***[reflection on practice for learning→enlightenment]*** *Right, what am I going to do about it? Right, I'm going to go and look up sources of drug information for Afro-Carribeans. So, contact drug companies, database searches, get some information down. Then reflect back on why I did it in the first place, and have I actually learned anything. 'So what have I learnt at the end of all this?'* ***[reflection on learning for learning]*** *And sometimes it's just like a three line summary, or as it is now, a flow chart stuck on the wall of my consulting room,* ***[reflection on learning for practice→empowerment]*** *...and then come back after a week, and say 'right, has that changed my practice? Am I now treating my Afro-Carribean patients differently to what I did at the beginning?' And the answer is 'yes', and therefore I feel*

> *that I've taken a step forward as a professional.* ***[reflection on practice for practice→transformation/emancipation]*** *(Participant:18)*

Analysis of other interviewee's transcripts included examples of these four categories of reflection interspersed in their conversation with the personal outcomes. For example:

> *...Then I would actually do some work at a paticular clinic...then I would come home and actually write down how it went and how I felt about it.* ***[reflection on practice for learning→enlightement]****...you can then also go back to it and re-visit how you felt* ***[reflection on learning for learning→enlightement]...*** *felt very nervous about taking blood pressures, and the first few times I did it it was disastrous* ***[reflection on practice for learning→enlightenment]****, and then I tried to do it with one of the GPs and it was a bit better but not brilliant* ***[reflection on practice for learning→empowerment]****...and all of this was kind of a process that went along... and I took some blood pressures with some patients and I didn't feel very confident about what had happened* ***[reflection on practice for learning→enlightenment]...****it is an ongoing process. If you keep reflecting on what's happening then I think it drives the learning process forward... (Participant:26)*

These show the dynamic nature of the reflective learning process in action, described by Participant 26 as, *"...a living thing..."*.

There also appears to be a commonality with Morrison's (1996, p.319) claim that the reflective practitioner:

> ...is empowered, through clarification, understanding and articulation of principles and theory, to develop greater professional autonomy through the conscious exercise of judgement. (Morrison, 1996, p.319)

Interviewees also conveyed enlightenment, empowerment and emancipation to varying degrees through their notion of the sense of freedom that reflective learning provided. It put them in control of their learning and fulfilling their learning needs through reflection, rather than being told what to learn. For example:

> *...it [reflective learning] gives you freedom **[emancipation]**, it enables you to develop in much more of a way than just rote learning does **[empowerment]**...it frees you because you no longer have to know everything **[enlightenment]**...You just need to know how to find out things...it's also freeing in that the responsibility for that is your own and not anybody else's **[enlightenment + emancipation]**... (Participant:23)*

Park (2003) also found this in his study of undergraduate geography students. So too did Morrison (1996) in his study of postgraduate education students. Prior to their engagement with reflective learning he described them as being:

> ...prisoners of their own expectations and perceptions... (Morrison, 1996, p.327)

Afterwards, he used the phrase "...freedom *for* self-realisation" (Morrison, 1996, p.327) to describe their transition.

Prescribing Course participants felt that this freedom of control over their learning would be useful for the continuing professional development requirements that the Pharmaceutical Society was introducing:

> *...it [reflective learning] made me think that if...whatever I'm doing is not fulfilling any learning needs, what's the point...Whereas in the past [for the Pharmaceutical Society], you'd do it just to tick off so many hours of continuing education. (Participant:8)*

They also expressed the sense of being '*a better pharmacist*', that was realised from reflecting, or from comfort and certainty in relation to views and decisions that they had reached using reflective learning.

Interviewees also inferred that reduced anxiety about their professional limitations, and potential personal failure relating to their professional practice, had resulted from reflective learning. They felt reflection had enabled them to put things in perspective and see them in the context of 'the bigger picture':

> *...probably what I get the most out of it [reflective learning] is just the sense of perspective...it just seems a little less personal than the event was at the time, and you can actually kind of get a clearer handle on what was achieved, and...whether it actually was your fault if something didn't work out... (Participant:15)*

> *...[before the course] I had quite a difficult relationship with some of the practice nurses who felt quite threatened by a pharmacist supplementary prescriber...it [reflective writing] demonstrated [to me] some of the barriers that I might come up against in future practice, and I had to think through solutions and ways of dealing with it. (Participant:26)*

They felt that it enabled them to come to terms with their professional limitations without the feelings of inadequacy or failure that they would have felt prior to the course:

> *...part of the [reflective] learning process, is actually to face things that aren't very nice...you don't want to face 'oh I'm really rubbish at this'... but now I've reflected on it and realised that I can't [be competent at everything]...confidence isn't it? Confidence to say 'actually I really don't want to do that, so I'm not going to!' (Participant:26)*

This appeared to have a transformational/emancipatory effect on those who expressed this. The notion of wider perspective also appeared to contribute to participants' sense of emancipation and how they had changed their way of thinking as a result of reflective learning to be more questioning and inclusive of the world around them. For example, their new willingness to involve other health professionals in helping them solving problems and dilemmas that occurred in their professional practice is conducive with a higher level of reflection on practice as discussed in chapter 5.

This deliberate involvement of other members of the healthcare team seemed to be an important transformation for those interviewees who indicated this was new to them:

> *...perhaps in the past I would just have left it [dealing with a difficult case], whereas now I'm more inclined to actually say 'well actually I'm not totally happy with the approach...who can I speak to, to help me make a more informed decision?...It's a subtle change, but it's quite important. (Participant:16)*

It perhaps indicates the potential benefits of reflection on practice to encourage the lone practitioner (a common situation particularly in community pharmacy practice) to realise the potential value of inter-professional working and decision-making. However, to be considered in parallel with this is the fact that *Prescribing Course* participants were studying and training to be prescribers and that in itself meant that they were more likely to interact with other clinicians and discuss issues with them. Nevertheless, the structured activities designed into the *Reflective Portfolio* were an important facilitator in this respect.

At this point I think it is useful to introduce Clegg's (1999) arguments that professional empowerment through reflection on practice has its limitations, particularly where the profession is subject to control by means of professional competencies that have to be met by the

individual practitioner. Pharmacy, including the *Prescribing Course*, and like nursing that Clegg gave as her example, is partly driven by a competency framework. Clegg argued that this limits the extent of any real empowerment from reflection for professional practice due to surveillance and control by the professional bodies. *Prescribing Course* students who were interviewed in my study alluded to the notion of surveillance and monitoring by the Pharmaceutical Society in relation to continuing professional development (CPD). However, I contend that reflection for professional practice can lead to empowerment of the individual at their local level. This is where they will mostly operate and contribute to making change for the advancement of professional practice. This could be simply related to their perceived competency in a particular aspect of practice and their desire to change to make local practice and subsequent patient care better. Some specifically mentioned how they had come to view reflective learning as necessary for self-assessment of their competence to practice in their area of pharmacy practice:

> *...If you don't reflect properly you will always think you're competent... you just carry on in your habits, with no change. (Participant:14)*

Also viewed as positive and emancipatory by most *Prescribing Course* learners was a separate personal sense of discovery-of-self through the reflective process, not related to their professional identity:

> *...[reflective learning] applies to professional practice, because obviously you can change how you act as a professional, but I think it's much more overarching than that, in that it changes how you act in daily life as well, which probably then feeds back in [to practice], because if you're looking at life from a different perspective then you might look*

at some of your [professional] decisions in a different way as well... (Participant:15)

...It certainly makes you more reflective in every aspect of, you know, your whole life really...and it's partly because you're no longer afraid of admitting you're wrong... It was character building to have done it [reflective learning on the course]. (Participant:23)

They also felt that this reflective *"learning for life"*, as it was named by several participants, could have positive consequences for professional practice and therefore provide a synergistic relationship, 'better individuals' becoming 'better pharmacists':

...this is like how supplementary prescribing changed my life! Yes, I'm certainly thinking more about the patient's point of view now, reflecting on that. And being able to think round the subject...as a whole. (Participant:17)

This patient-oriented view that was expressed also needs to be viewed in the context of the course content as a whole that encouraged participants to adopt a patient-oriented perspective to their professional practice as future prescribers. However, the structured activities designed into the *Reflective Portfolio* were an important facilitator in this respect.

Thorpe (1995) for diploma and undergraduate education students, Morrison (1996) for postgraduate education students, and Brady *et al* (2002) for practising medical practitioners, touched briefly on this issue where the reflective learning process has been embraced by individuals in their personal as well as professional lives. In all these studies this had been stimulated initially by specific course requirements. They only present this as a fact without discussion, but I suggest that there is potentially an ethical dimension or dilemma relating to these findings, including my own. I was mindful when I

introduced reflective learning and the *Reflective Portfolio* into courses of the potential impact on the learners' personal lives that reflection might have, and that this was potentially an ethical dilemma. This is particularly so where course tutors expect or actively encourage students to apply reflective learning to their personal lives outside the confines of the course of study or professional training period, or their professional practice. This was not the case for *Prescribing Course* participants, but Modra (1989) cautioned against this as potentially happening anyway by default:

> ...disciplined reflection on subject contents...[that] may very well set in motion a process which will have major implication in the lives of students. (Modra 1989, p.138)

Therefore, one could anticipate that the use of reflection as a learning approach on the *Prescribing Course* might spread over into participants' personal lives. It could also be anticipated that the implications of 'undisciplined' reflection in a student's personal life could potentially have major implications. In the personal context they do not have the support of tutors or peer professionals to tackle particularly challenging or difficult outcomes of the reflective learning process. Indeed, even tutors may lack the training to take on this role of counsellor. Therefore, this could arguably be damaging to the individual and place them (and their family/social group) at some personal, emotionally-related risk. However, none of the *Prescribing Course* participants expressed any problems or distress in this respect.

In summary, *Prescribing Course* participants expressed personal, intangible outcomes of reflective learning that were enlightenment, empowerment and emancipation. It is reasonable to assume that these affected the tangible outcomes of reflection that include deep learning, change, action and transformation.

In chapters 4-7 I have presented and discussed the views that were expressed by *Prescribing Course* participants, and integrated these with a review of published literature. The next chapter (chapter 8) brings together the important elements that emerged from the research and discusses them in relation to the research questions.

CHAPTER 8

THE LEARNERS' VIEWS - SUMMARY DISCUSSION

This chapter brings together the key elements that emerged from this study as presented in chapters 4-7. It is structured to discuss them in relation to the research questions:

- What do postgraduate pharmacy students perceive learning to be?
- What approaches to learning do they adopt for learning and professional practice?
- How do they perceive and use reflection in relation to their learning and professional practice?
- How does dialogue-with-self facilitate reflection in relation to learning and professional practice?
- What do they perceive as the positive outcomes of, and obstacles to, reflection?

What do postgraduate pharmacy students perceive learning to be, and what approaches to learning do they adopt for learning and professional practice?

Participants in this study clearly perceived, and had experience of, two approaches to learning that they articulated as being of qualitatively different types. This draws parallels with the deep and surface approaches to learning that have been much discussed in published literature (Biggs and Collis, 1982; Bloom, 1956, 1964; Gagne, 1972; Laurillard, 1979; Marton, 1976; Marton *et al*, 1993; Marton and Saljo, 1976a and b; Morgan, 1993; Newble *et al*, 1990; Pask, 1976; Saljo, 1982; Schön, 1987, 2002; Svensson, 1976, 1997). Participants appeared to perceive the reflective learning, or *"...non-traditional..."* learning that they had experienced on the *Prescribing Course* as a *"...better..."* way of learning that was permanent. They felt it had the attributes of, what is generally considered as, a deep

approach to learning that is grounded in professional practice, and also had the potential to contribute to the achievement of improved standards of professional practice. The expression by learners of qualitatively different types of learning, and the association between deep learning and reflective learning, have not been widely reported in the literature (Kember *et al*, 2001). Learning within their professional role, through the structured, systematic reflective activity required for their *Reflective Portfolio* for the *Prescribing Course*, appeared to provide the stimulus for this approach to learning, as had been the intention. However, although individual recognition of this 'new' type of learning was clearly stimulated by completing reflective activities for the *Prescribing Course*, from what they said, it is likely that they unknowingly adopted this approach to learning in their professional practice prior to the course. This was probably achieved in an unstructured and unsystematic way, and was a natural progression in their development as mature, adult learners. Most recently, it is also likely that it had been stimulated by the change of emphasis that was happening within pharmacy's professional body to promote the notion of continuing professional development (CPD) over continuing education (CE). The former was perceived as being compatible with non-traditional, reflective learning, the latter with the traditional, surface learning approach that they had been most familiar and comfortable with as undergraduates and qualified pharmacists.

As indicated, participants expressed a strong association between what is generally considered as a surface approach to learning, which they described as *"...traditional..."* learning, and their experiences as learners on undergraduate pharmacy courses. Other researchers have reported similar findings for other disciplines such as medicine (Newble *et al*, 1990) and natural science (Ramsden, 1997). They also related the traditional approach to learning with the more traditional elements of their professional practice, such as dispensing medicines. This appeared to encourage a technical-vocational/technical rationality (Schön, 1987) approach to learning

and professional practice that was fixed in this context. Their subsequent engagement with the non-traditional, reflective learning appeared to have caused some dilemma and arguably challenged their identity as scientists who had consciously used an evidence-based, 'right or wrong' approach to their professional practice. However, although a surface approach appears to have been the predominant approach to learning adopted by learners prior to the *Prescribing Course*, this research suggests that learners can adapt to other, deeper approaches, if stimulated and guided to do so through structured activity that engenders systematic reflection. Participants also felt that they would have benefited if their undergraduate course had included non-traditional/reflective learning and encouraged its introduction for current and future pharmacy students.

The ability of pharmacists to adapt to non-traditional ways of learning if stimulated and guided to do so bears similarity to research findings from Newble *et al* (1990). They proposed that surface learning could become entrenched in medical practitioners as a result of undergraduate learning experiences until such time as they participated in further postgraduate academic education. However, the transition can cause some distress among learners as my study has shown. My study also indicated that the dichotomy between surface and deep approaches to learning is arguably not as clear cut as is often portrayed in the literature. Participants in this study clearly indicated the synergistic relationship between knowledge accumulation, generally portrayed as a surface approach to learning, and reflective learning. They appeared to articulate a step in the reflective process that included *"...banking..."* of knowledge for future reflection. They also felt that knowledge accumulation, which is generally perceived as surface learning, had a place in reflective learning as a source of reflection, i.e. reflection on banked learning that was learner-centred. The term 'banking' has previously been used by Freire (1974) but only in the context of a surface approach to learning that was not generally encouraged since viewed as an inferior type of learning. *Prescribing Course* participants' views in this

respect also add strength to the proposition that behaviourist and contructivist orientations to education, that involve knowledge accumulation and reflection respectively, are compatible. This appears to involve a strategic approach to learning at postgraduate level that is different from the notion of strategic that has previously been applied to undergraduate students (Aggarwal and Bates, 2000; Laurrilard, 1979; Marton, 1976).

Further research needs to explore these questions with future pharmacy graduates who will have studied within an undergraduate course that explicitly includes reflective learning within its overall learning and teaching strategy. This should be possible within the next five years given the Pharmaceutical Society's influence on the undergraduate pharmacy curriculum in its role as course accreditation body. It is reasonable to assume that its reflective model for continuing professional development, that became compulsory in 2006, will be increasingly integrated into the undergraduate course (Ashcroft and Hall, 2006a and b; Rees et *al* 2003; Rees, 2004) as new courses are accredited and others re-accredited.

How do postgraduate pharmacy students perceive and use reflection in relation to their learning and professional practice?

As indicated in previous paragraphs of this chapter, *Prescribing Course* participants generally considered reflective learning to be a new way of learning; a 'non-traditional' approach to learning. However, it appears likely that participants did use reflection for learning and the development of professional practice unwittingly and in an unstructured way in their professional role prior to them being made explicitly aware of reflective learning for the *Prescribing Course*. This suggests that the structured reflective activities included in the *Reflective Portfolio* were a catalyst to making learners aware of the reflective learning process that they instinctively or intuitively used in their professional practice to some degree, but had not

previously ascribed a name to other than *"...worrying..."*. The conceptual model that has emerged from this study (see chapter 9) that depicts reflective learning may therefore provide something concrete for learners to relate to. It also appears that systematic reflective learning became somewhat instinctive or intuitive by the end of the course since participants referred to it as becoming *"...habitual..."* and a *"...way of thinking..."* in their professional practice and personal life.

The reflective activities that they completed for the *Prescribing Course* also appeared to generate an awareness of different levels or depths of reflection of which, the participants indicated, they had been previously ignorant. Transformation of self was not considered as a level that would be routinely attained in day-to-day professional practice, but they engaged in a reflective learning process that allowed them to explore both positive and negative events in their professional practice to a deeper level than before. Overall, they expressed this as professionally rewarding and of benefit to their professional development, patient care, and their interaction with other health professionals. They appeared to include a risk/benefit analysis, possibly unwittingly, in the depth of reflection that they felt able to achieve, on an event-by-event basis. This is perhaps akin to a *strategic approach to reflection*. Less positive was their perception that post-course they would tend to reflect mainly on negative events. This was partly related to constraints in their working environment and time, but principally to their perception of the requirements for continuing professional development (CPD) within the format dictated by the Pharmaceutical Society.

Participants were generally negative about the model of CPD that the Pharmaceutical Society had introduced. However, before going on to discuss this further it is important that what follows is considered in the knowledge that few *Prescribing Course* participants had actually started to participate in CPD beyond having received the information package from the Pharmaceutical Society. Therefore, their

perceptions may be exaggerated and represent a fear of the unknown or a negative attitude towards the professional body.

Although still in the very early stages of compulsory CPD, the Pharmaceutical Society appears to have generated some dissatisfaction among participants in this study. They felt that CPD encourages them to concentrate on the weaknesses of their practice, through monitoring and surveillance, rather than using reflection to learn from all aspects of their practice, including positive events that would permit them to celebrate achievements and good practice. It appears that the Pharmaceutical Society need to emphasise that CPD is about the practitioner self-directing their learning to help them develop their professional practice from whatever experiences they deem relevant.

They also indicated that they perceived a difference in level of reflection for the *Prescribing Course* and that required for recording their CPD for the Pharmaceutical Society. They expressed the view that this could be detrimental to them. They appeared to be indicating that the *Prescribing Course* had developed their intellectual capacity to reflect to a level where anything less would be unsatisfactory or less stimulating for them, and that CPD is more akin to an audit or evaluation of practice, rather than reflection on practice. This is possibly an area for further exploration in the future. Arguably, the compulsory requirement for continuing professional development is encouraging the learner to adopt a more superficial approach to reflection for learning and professional practice. Marton and Saljo's (1976 a and b) words *surface* and *deep* could arguably be borrowed in this context to distinguish between the two. Perhaps continuing professional development is encouraging a surface approach to reflection, akin to the notion of *"...doing it for the sake of it..."*, or *"...to pass examinations..."* (meet professional requirements in the case of CPD) that was expressed by participants when discussing approaches to learning. Their perception of CPD as learning for the sake of fulfilling the Pharmaceutical Society's requirements, rather

than learning to fulfil a current personal need, is important since it potentially dilutes the value of CPD. However, although exhibiting high awareness of the future requirements for CPD and the electronic recording CPD log, I re-iterate that few *Prescribing Course* participants had actual experience of using the Pharmaceutical Society's CPD log when interviewed for this study. Therefore, these may be exaggerated perceptions by participants. Nevertheless, it suggests that the CPD experiential cycle used by the Pharmaceutical Society may stifle reflective learning for professional practice, rather than encourage it. Their negative perceptions of CPD also seemed partly attributable to participants' stated lack of trust of the professional body and its motives for introducing compulsory CPD. However, this needs to be considered against their view that compulsory CPD was a good thing to identify poorly performing and potentially incompetent pharmacists. It would be interesting to explore these issues again with the same pharmacists at a point in the future when they have had more experience of meeting the CPD requirements.

Overall, participants articulated the notion of 'levels of reflection' in a more pragmatic way than the theoretical presentations of levels that appear in published literature (Boyd and Fales, 1993; Brockbank and McGill, 1998; Day, 1985; Griffiths and Tann, 1991; Handal,1990; Mezirow, 1981; and Powell, 1989). The data from my study provide a phenomenological view of levels of reflection that is grounded in practitioners' actual experiences and perceptions of reflection on learning and practice. The literature is dominated primarily with studies that have analysed students' written narratives against pre-defined and rather imprecise descriptors of levels of reflection that raises questions around the reliability of the study design and/or analysis. It is also uncertain that various researchers are interpreting written narratives in the same way to attribute levels that are a reproducible representation of reality.

How does dialogue-with-self facilitate reflection in relation to learning and professional practice?

In the context of this study, dialogue-with-self was outwardly expressed by *Prescribing Course* participants in their written reflective narratives in the *Reflective Portfolio* for the course. There is a strong indication from the data obtained from the participants that writing did facilitate deep, reflective learning that was situated within, and applied to, learners' professional practice. This appears to have been aided by the inclusion of the structured reflective activities within the portfolio and therefore provides some reassurance that the activities were appropriately designed for the intended purpose. This supports the work of Thorpe (1993b, 1995) that distance learning materials can develop reflection in learning, and my assertion that dialogue-with-self is effective for learning and professional development.

Although most participants felt that writing during the *Prescribing Course* was generally a *"...chore..."*, to be accommodated within existing high workloads, and some that their scientific background made writing narrative difficult anyway, they were all generally positive about the value of writing as a means of deepening their learning to bring benefits to professional practice. This was particularly so in relation to recording significant events that occurred in their daily practice. Course tutors also perhaps need to emphasise the potential of the written patient record as an avenue for written reflection in the future. Overall, participants implied that they would continue to write where they felt it benefited their practice, or was mandatory for continuing professional development.

Despite some initial frustration, uncertainty and anxiety regarding what was required, students expressed a positive effect in relation to a deeper, lasting approach to learning, related to personal growth and professional practice, explicitly through reflection. Some also indicated some measure of further reflection on initial written

reflective narratives that suggested their engagement with the construct of single-loop and double-loop learning (Argyris and Schön, 1974). This also suggests some measure of an 'inward focus' for the *Reflective Portfolio* (Varner and Peck, 2003), as participants indicated. They were engaging in a dynamic process that was stimulated by their felt need for further reflection on a particular event to their benefit rather than as a course requirement.

The concept of the written word as a training tool to develop their skills in systematic reflection also came across strongly. They perceived the need for writing narratives diminished with time, and that dialogue-with-self would not require outward expression through extensive writing. This should be explored further in future research. It could be argued that participants were, even if unknowingly, using this as an excuse not to write in the future. However, the examples that some gave during interview of their use of reflective learning in their professional practice, following the *Prescribing Course*, strongly suggested that they were able to engage with reflection systematically on events and patient encounters without its outward expression on paper.

Less encouraging was that some parts of the *Reflective Portfolio*, particularly those that have been designed to help the students provide evidence of learning outcomes and prescribing competencies, were viewed by some as a laborious, *"...tick box..."* paper exercise. Indeed, engagement with the more creative and personally involving parts of the course (reflective thinking and recording) appeared to give rise to a feeling of irritation with the more routine processes of the course requirements. Balanced against this is the requirement of the external accrediting body (Pharmaceutical Society) that students must demonstrate that they have achieved these competencies. Similar dissatisfaction was also expressed through participants' negative comments about the Pharmaceutical Society's recording requirements for continuing professional development. The Pharmaceutical Society has produced very

structured recording forms (tick box and insert text in specifically labelled boxes type format) for pharmacists to complete to provide evidence of their continuing professional development (CPD). Participants' preferences for the freedom allowed from writing free text, rather than the constraints of a more prescriptive format that was required for demonstration of specific prescribing competencies for the course and the compulsory recording of CPD, was evident from the discussions. This seems at odds with the difficulties that they expressed about writing narratives for the *Prescribing Course*. However, the volume of writing required for the *Prescribing Course* was substantial compared to what they would be required to produce for a CPD record. Therefore, they appeared to value open, narrative writing for learning where it was less extensive and not seen as a chore.

Participants were very conscious of an inward (intrinsic) and outward (extrinsic) focus with regard to their written dialogue-with-self from the examples that they gave, but the outward focus assumed much less importance as the course progressed and they began to appreciate the benefits of reflective writing. In fact, it appears that they underwent a personal transition in their beliefs about the value of the portfolio during the course. However, they did intuitively engage in a risk-benefit analysis in respect of what they wrote that provided a safety mechanism to protect individuals from misuse of their written narratives by 'mistrusted others' who might have access to their narratives. What perhaps is most concerning is the general vehement distrust of their professional body in this regard in relation to CPD records that they will be obliged to keep in the future.

I think it is pertinent at this point to discuss this in the context of pharmacy as a profession. Drawing on the work of Glazer, Schön (2002) describes the attributes of 'major' and 'minor' professions. Accepting that pharmacy falls within the 'major' category given its scientific knowledge base, and a history steeped in the technical-rationality model of knowledge accumulation, some pharmacists may

feel that learning through reflection, which is not grounded in pure scientific knowledge or evidence-based, will lead to a de-professionalisation of pharmacy. In addition, there is the fact that they feel that they are being forced into providing evidence of their continuing professional development for the Pharmaceutical Society. Previously, they perceived that they were trusted as autonomous practitioners, to do this within their ethical code of practice without submitting a record, so they may be viewing this as a threat to their professional status. However, it could also be argued that it is the sign of a mature and confident professional to recognise the limitations of their practice. This is within a changing social and healthcare context that espouses a culture of openness and individual professional responsibility to maintain competence within a clinical governance framework that includes continuing professional development (RPSGB, 1999, 2005). Therefore, rather than a de-professionalisation of pharmacy, like other major professions the use of reflection for learning and professional practice is securing and enhancing its professional status (Clouder, 2004; Pee *et al*, 2000). It is also presenting a public face of a *community of practice* (Schön, 1987; Wenger, 1998) whose practitioners are mutually engaging in systematic reflective learning rather than previous ad-hoc unregulated continuing education.

The finding that dialogue-with-self expressed through the medium of written narratives alone is effective in relation to engaging with reflection for learning and professional practice challenges the views of others who have published in this field. Authors such as Atkinson and Claxton (2000), Boud *et al* (1985, 1993) and Brockbank and McGill (1998) have stated that, to be of value, it is essential to share reflective dialogue verbally with others in a face-to-face context. The participants on the *Prescribing Course* expressed the view that writing was the key facilitator of their engagement with a systematic reflective process. Therefore, I argue that my study provides convincing evidence that dialogue-with-self in writing alone can be the key medium to facilitate reflection on learning and professional

practice if structured and systematic. Other research conducted into students' written reflective commentaries (Kember *et al*, 1999, 2000; Pee *et al*, 2000; Powell, 1989; Richardson and Maltby,1994; Snadden and Thomas, 1998) has also shown the value of written dialogue with self using the medium of a reflective learning log/ portfolio. I am not against enabling learners to become reflective learners through face-to-face interaction with others where this medium is feasible and convenient for the learners. However, educators and learners working within models of course provision where face-to-face interaction is inconvenient, not feasible, or not/minimally required to meet most of the learning outcomes need to find alternative ways of developing learners' skills in reflection that they can apply to learning and professional practice. This applied to learners on the *Prescribing Course* since distance education media and technology were principally used to deliver the course. Boud *et al* (1985) and Brockbank and McGill (1998) seemed to ignore this type of learner. Only Modra (1989) and Thorpe (1993b, 1995) have produced evidence that reflective learning, facilitated by written portfolios, is possible with students studying within courses that are fundamentally delivered at a distance. Also, in the reality of professional practice, pharmacists, particularly those working as sole practitioners in community practice, may have difficulty meeting their peers for face-to-face dialogue. Therefore, other means are needed to develop their skills in using reflection for learning and professional practice. Pharmacists may be a special case compared to other disciplines. The professional isolation in which many practice may be a factor in their apparent independence as learners without the need for dialogue-with-others. However, this is not something that can be concluded from this particular study but may be a focus for future research.

What do postgraduate pharmacy students perceive as the positive outcomes of, and obstacles to, reflection?

Prescribing Course participants have identified obstacles or barriers to reflection on learning and professional practice. They include a personal affective dimension to reflection that has been commented on elsewhere (Boud and Walker, 1993; Challis *et al*, 1997; David *et al*, 2001; Dempsey *et al*, 2001; Kember *et al*, 2001; Morrison, 1996; Park, 2003; Pee *et al*, 2000; Rees *et al*, 2005; Snadden *et al*, 1996; Usher *et al*, 1997). Despite this, participants were overwhelmingly positive about reflective learning and its application and benefits to their professional practice. Particularly encouraging was the relative speed with which these students became comfortable with this new way of learning. Of course it is difficult to establish conclusively that this was due to the *Reflective Portfolio*, but it is likely since that was the participants' only experience of structured, systematic reflective learning at the time this study was conducted. Their initial difficulties in reconciling that a 'right or wrong answer' was not required was perhaps due to some feeling of loss of control. However, this seems to have been replaced later by personally satisfying outcomes, through freedom of expression in their *Reflective Portfolio* from dialogue-with-self that manifested as enlightenment, empowerment and emancipation

However, despite articulating the value of reflective learning and appreciating an intrinsic focus, it was clear that it was unlikely that anyone would continue to engage with reflection to the same extent through writing narratives as they had for the *Prescribing Course.* Their perception of the time involved to do this was a key factor in this respect. It would be interesting to conduct a follow-up study with these participants, perhaps 2-3 years post-course, to find out what their actual engagement is with reflection for learning and professional practice. The cultural workplace aspects that emerged in this study, including mistrust of those in authority and perceived lack of support, could have a bearing in this respect depending on the

environment in which individuals work. It may not be easy to transfer reflective learning from the *Prescribing Course* to the workplace if cultural obstacles prove difficult to overcome in an environment that is reactive and immersed in behaviourism to meeting NHS targets rather than reflective and operating within a constructivist paradigm.

Particularly positive was participants' assertions of the benefits of reflection that resulted in outcomes of enlightenment, empowerment and emancipation to varying degrees at various times, depending on the event and its relative importance to them. This seemed to compensate the initial feelings of discomfort and anxiety that participants felt when first engaging with the reflective learning process for the *Prescribing Course* requirements. The examples provided by participants who were interviewed clearly demonstrated these and consequently the potential power of reflection as a learning tool for professional practice and raising awareness of self. The examples included the categories of reflection that were the supporting structure of the *Reflective Portfolio*, as described in chapter 2.

Given that emancipation, or transformation, was identified by participants as a potential outcome of reflection on learning and practice, it can be postulated that they were engaging in double-loop learning (Argyris and Schön, 1974; Brockbank and McGill, 1998) for transformation of self. The most striking example was how engagement with reflective learning *per se* during the *Prescribing Course* appeared to cause emancipation/transformation for all participants in the context of their perceptions of, and approaches to, learning. However, emancipation/transformation of self is not the only outcome of reflection that is of value as has been argued in the literature (Brockbank and McGill, 1998). This study suggests that enlightenment and empowerment appear to be just as valuable to the practitioner's development and professional practice.

The fact that some transferred this learning tool to use in parallel in their personal lives also indicates the powerful nature of this approach to learning.

The analysis of data presented in this discussion has identified elements of the *Model of Reflection* that has emerged from this study. These are made explicit and discussed in the next chapter (chapter 9) that answers the final research question, and the *Model of Reflection* is described in full.

CHAPTER 9

A MODEL OF REFLECTION

Through the chapters of this thesis, a previously undefined conceptual *Model of Reflection* has emerged. This began in chapters 1 and 2 where I defined sources, targets and purposes for reflection, and identified the categories of reflection that were the supporting structure of the *Reflective Portfolio.* It continued through the voices of the *Prescribing Course* participants in chapters 4-7 and further discussion in chapter 8, and has ultimately led to addressing the final research question:

- Can a model of reflection be developed to explain the nature of reflection in the context of learning for professional practice?

This chapter begins with a review of the literature that is relevant to this specific research question. The presentation and discussion of the *Model of Reflection* that resulted from this study follow the review.

'MODELS OF REFLECTION'

Models of experiential learning were presented and discussed in chapter 5. These included the word 'reflection' to represent one or more stages in an experiential learning cycle. I asserted that they were representing a process that was wholly reflective, but not a model of reflection *per se.* Those who originally conceptualised them did not present them as models of reflection. This seems reasonable since they do not articulate what reflection actually means or involves.

However, several 'models of reflection', that are explicitly named as such, have been published. They include those produced by Atkins

and Murphy (1993), Boud *et al* (1985), Burns and Bulman (2000), Driscoll and Teh (2000), Johns (2004), and Rolfe *et al* (2001), but it is arguable whether these are actually *models* of reflection. A model is a representation of a system or process (reflective learning in this case) in its entirety as it exists conceptually or in reality, or happens, including external elements that impinge on that system or process, i.e.:

> Conceptual models are qualitative models that help highlight important connections in real world systems and processes. (Guertin *et al*, 2006)

Perhaps, more accurately, those 'models' previously published are checklists of staged activities and questions for the learner to use to enable a deep analysis of the situation that is the focus of reflection, i.e. a *framework to facilitate reflective thinking*. In fact, similar to the prompt questions that I designed into the *Prescribing Course Reflective Portfolio* as indicated in chapter 2 of this thesis. In general, the published 'models' are not representing reflection, but providing a tool to enable the learner to engage with reflective thinking. It appears that they have principally been constructed from review and remodelling of the work of previous researchers in the field, for example Kolb (1984) and Schön (1987). The views and experiences of learners in relation to reflection, that were key to my research, have not been obtained or used previously to construct a model of reflection. It would therefore appear that there is the need to develop a model of reflection that is grounded in actual learners' experiences that depicts the complexity of reflection, and high degree of sophistication needed to acknowledge the process involved. The linear nature of the existing published 'models' suggest an over-simplification that underestimates the complexity that I perceived before this study, and that was articulated by *Prescribing Course* participants. A model has yet to be developed that depicts the complex nature of reflection and the interacting elements that are part of the entire process of reflection/reflective learning for

developing professional practice. The majority of the 'models' so far provide only one of the sub-elements, i.e. a framework for reflective thinking, within a whole model. Conceivably, they are feeding into other elements that are the experiential learning cycles (Gibbs, 1988; Kolb, 1984) or the learning loop constructs (Argyris and Schön, 1974; Brockbank and McGill, 1998) as discussed in chapter 5 of this thesis. Gibbs' (1988) reflective cycle is also presented as a model of reflection (Johns, 2004), but is more compatible with the experiential learning cycle described earlier with supporting prompt questions for the learner at each stage in the cycle.

The *Model of Reflection* that my research has produced is presented and discussed in the next section of this chapter. It provides an important contribution to further understanding the process relating to the use of reflection for learning and professional practice.

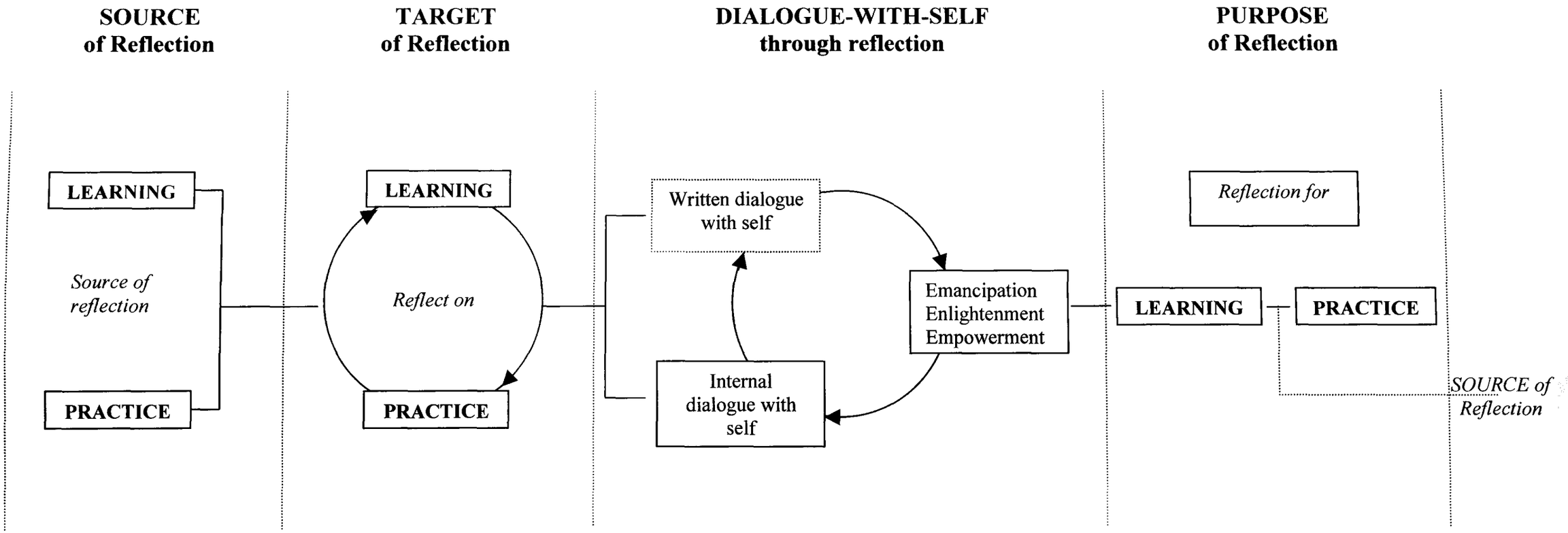
A MODEL OF REFLECTIVE LEARNING FOR PROFESSIONAL DEVELOPMENT

The proposed *Model of Reflection* (*Model of Reflective Learning for Professional Development*) is grounded in and emerges from both the data collected (Glaser and Strauss, 1967) and the ongoing iteration with existing theoretical ideas and arguments drawn from the existing literature. The *Model* is depicted in Figure 9.1 and described and discussed in more detail below. The *Model* attempts to show the complexity of reflective learning for professional development that is a non-linear, ongoing process.

Figure 9.1

Dialogue with Self:

A Model of Reflective Learning for Professional Development



The *Model* represents the process of reflection on learning and reflection on practice. The process starts with the two dimensions of reflection that were introduced in chapter 2 (page 19):

- Dimension 1 = *source* of reflection, comprising *learning experience* and *practice experience.*

This is the element of the process that is *experiential.*

- Dimension 2 = *target* of reflection, comprising *reflection on learning* and *reflection on practice.*

This is the element of the process that is *reflective.*

The *Model* ultimately leads to the dimension that is the *purpose* of reflection, which is to *develop learning* and *develop practice*. This is the element of the process that is *developmental* for the learner. However, prior to this the learner engages with the tacit dimension that is *dialogue-with-self through reflection.* This is the *transformational* element of the process where the learner is engaging with one of the eight categories of reflection to achieve the purpose of reflection. These eight categories were introduced in chapter 2 and are repeated below in Table 9.1.

Table 9.1: Categories of Reflection

	Developing knowledge and understanding		**Developing and improving practice**	
Reflection on Learning	1) Reflection on learning through a practice experience in order to develop knowledge and understanding.	2) Reflection on learning through a learning experience in order to develop knowledge and understanding.	3) Reflection on learning through a learning experience in order to develop and improve practice.	4) Reflection on learning through a practice experience in order to develop and improve practice
Reflection on Practice	5) Reflection on practice through a practice experience in order to develop knowledge and understanding.	6) Reflection on practice through a learning experience in order to develop knowledge and understanding.	7) Reflection on practice through a learning experience in order to develop and improve practice.	8) Reflection on practice through a practice experience in order to develop and improve practice.
	Practice experience	**Learning experience**		**Practice experience**

Dialogue-with-self manifests itself in the physical expression in writing that enables the personal learner outcomes of *enlightenment, empowerment and emancipation* until the learner achieves the purpose of that period of reflection. However, systematic reflection for learning and professional practice can be achieved in time without the need for extensive writing. Therefore, 'written dialogue-with-self' is represented in the *Model* with a dotted box.

The developmental element of the process may result in new *learning* (*knowledge and understanding)*, *action*, *change* or *transformation of self* for professional practice. These learning and professional practice developmental outcomes then become potential *sources* for further reflection as depicted in the *Model.* Therefore, overall, the *Model of Reflection* represents a continuous loop of development that emerges from using reflective learning in professional practice.

I believe that this conceptual *Model* provides a significant contribution to, and advances knowledge of, reflective learning for professional development that has been catalysed by structured reflective activities and dialogue-with-self within the medium of a written portfolio. The extent to which this might be so is presented and discussed in the critique in the final chapter (chapter 11) of this thesis.

The penultimate chapter that follows presents the main overall conclusions from my research.

CHAPTER 10

CONCLUSIONS, IMPLICATIONS AND FUTURE RESEARCH

This chapter presents the main conclusions from my study, the implications of the research for professional practice and policy, and possible areas for research in the future.

Overall, this study provides a significant contribution to the understanding of reflection for learning and professional practice, and to the existing literature for pharmacists and other health care professionals. Given that I have been able to relate some of my findings with pharmacists to previously published literature relating to other health professionals and non-health professionals, the *Model of Reflection* is also potentially transferable to other learners and disciplines. It therefore provides a contribution to knowledge, understanding, and the literature on the use of reflective learning in a wider educational context.

This study is innovative in its use of a grounded approach using learners' views to help produce a conceptual *Model of Reflection*. It has challenged the 'models' of reflection that have previously been described, and proposed that these are frameworks for systematic reflective thinking, not models of reflection *per se*. This new *Model of Reflection* provides a significant and novel contribution to knowledge and understanding to that previously published. This *Model* helps to explain the complexities of reflection/reflective learning and why students and practitioners may experience difficulties with it.

This study has confirmed that postgraduate pharmacists perceive learning in ways that are compatible with existing published literature, particularly that relating to deep and surface approaches to learning. Participants had generally used a surface approach to learning as undergraduate pharmacy students, which had caused them some

difficulty in engaging with reflective learning later in life. The data collected confirmed that implementation of reflection for learning and professional practice is achievable with practising pharmacists and can be attained through the medium of a written portfolio that uses structured activities within the categories of reflection that were the supporting structure of the portfolio. Study participants perceived reflective learning to be analogous with a deep learning approach, a better way of learning for professional practice development, and a means to continually improve standards.

The *Reflective Portfolio* has acted as a tool that develops participants' skills in using a systematic approach to reflection on learning and practice. An approach that was not explicitly based on commonly published experiential learning cyclical models, for example Kolb (1984). As a result, participants subsequently felt able to apply this systematic approach without the need for writing extensive reflective narratives. This research has shown that initial resistance to undertaking a reflective approach to learning is probably normal but that most learners will engage positively with reflective learning fairly quickly and recognise benefits to their professional practice. In this regard, participants were unanimous in the view that reflecting on positive and negative events or situations was equally important and valuable.

The study challenges the notion that reflective dialogue-with-others through face-to-face interaction is essential for learners to develop their skill in reflection and applying it to professional practice.
It has shown that reflective learning for developing professional practice is achievable by pharmacists through dialogue-with-self using the medium of a structured written portfolio that facilitates systematic reflection. None of the participants felt that dialogue-with-others was an essential requirement for them to engage with reflective learning. Pharmacists may be unique as learners in this respect given their relative professional isolation, but this requires further exploration.

The written narratives in the *Reflective Portfolio* were considered to be a valuable training tool that helped make reflection explicit. However, these declined in importance as individuals became more practised, in using and applying reflection, so that the written narrative could be largely dispensed with in time, other than for recording and analysing significant professional practice events, and for the mandatory continuing professional development (CPD) records for Pharmacy's professional body.

This study has also questioned the simplicity with which 'reflection' has generally been portrayed in the literature, particularly in relation to the experiential learning cycles used to promote continuing professional development. The *Model of Reflection* proposed illustrates the complexity of reflection. These findings are of particular importance for pharmacists when considered in the context of the continuing professional development (CPD) requirements that have been introduced (voluntary participation from 2003 and mandatory for all from 2006) by the Pharmaceutical Society since it is explicit about the reflective nature of its CPD cycle. The study has also identified some questions about the Pharmaceutical Society's model for CPD. The participants in this study were very negative about this and some questioned whether it actually promotes reflective learning since many perceived it as a form filling exercise. This represents a behaviourist approach to learning and CPD rather than the constructivist ethos behind using reflection for learning and professional development. Although few had used them at the time of this study, many participants perceived the written CPD records as generally diluting reflective learning to a lower level.

The Pharmaceutical Society's motives for introducing CPD were also questioned, and the mistrust that these pharmacists have of the professional body was apparent in this respect. They perceived the Pharmaceutical Society's motives to be principally for monitoring and surveillance, rather than the promotion of good professional practice. This particularly came through in their overtures of concern about

how the professional body would assess and respond to their written records. This could have a potential influence on what is recorded, which in turn may influence what pharmacists choose to select to reflect on for CPD. There is therefore the potential danger for CPD to become a paper exercise; to satisfy clinical governance requirements rather than be personally meaningful to the practitioner's development of their practice. This research will provide some useful feedback for the Pharmaceutical Society and has implications for professional practice and policy regarding CPD that may influence future policy.

This study will also contribute to pharmacy educational practice and policy through publication and dissemination. Most postgraduate and undergraduate pharmacy courses now include some form of reflective learning, but its introduction is fairly recent, and only Ashcroft and Hall (2006a and b), Edwards *et al* (2004) and Rees *et al* (2003) appear to have published on its acceptance or effectiveness for learning. Only Edwards *et al* (op cit) have studied postgraduate pharmacists. The study will also potentially contribute to education practice and policy more widely through wider publication and dissemination of the *Model of Reflection*.

FUTURE RESEARCH

There are several possible areas for future research. I have divided them according to their general educational and pharmacy-specific interests.

General Education:

- Applicability of the *Model of Reflection* to other health professionals and other disciplines and the development of a generalisable model.
- Whether or not using reflection for learning and professional practice does actually result in improved standards of professional practice.

Pharmacy-specific:

- Participants' actual engagement with, and current perceptions of, reflection for learning and professional practice 2-3 years post-*Prescribing Course*.
- Larger, quantitative studies of pharmacists and other healthcare professionals who have used similarly structured portfolios on other courses at the same university to generate additional data.
- Future pharmacy graduates' approaches to learning, and their perceptions and use of reflection.
- An evaluation of how the Pharmaceutical Society's CPD model is being used by pharmacists, to ascertain whether it is more akin to an audit or evaluation of practice, or a model that supports reflection on learning and practice.
- Paticipants' perceptions of CPD at a point in the future when they have had more experience of meeting the mandatory requirements.
- The professional isolation/sole practitioner status of pharmacists as a possible factor in their apparent independence as learners without the need for dialogue-with-others.
- Academic tutors' views regarding the introduction of reflective learning into postgraduate courses for pharmacists.

The next and final chapter of this thesis provides my final reflection on the limitations of the research that I conducted, and concludes by returning to my personal 'story' that I opened in chapter 1.

CHAPTER 11

A FINAL PAUSE TO REFLECT

In this final chapter I begin by reflecting on the limitations of my research that culminated in the description of a *Model of Reflection*. I then conclude with an update of 'Pat's story' which provided some of the context for my research in the first chapter of this thesis.

A *Model of Reflection* has emerged based on the data generated from a phenomenological study that used a qualitative methodological approach. I believe that the methods of enquiry were appropriate and generated valid and reliable data. I also believe that the inductive approach used to generate theory (the *Model of Reflection*) from the data gathered was appropriate. I based my choice on evidence from the literature of proven success of this approach in relation to the exploration of student learning elsewhere (Boulton and Hammersley, 1996; Glaser and Strauss, 1967; Henwood and Pidgeon, 1993). It provided theory relating to reflective learning that is grounded in reality as perceived by those who experienced it.

Some researchers may feel that the study is limited by the fact that it generated data from a small number of self-selected pharmacists who participated on the same postgraduate course. No attempt is made to claim that the study is representative of, or generalisable to, the wider population of *Prescribing Studies* courses or pharmacists undertaking a professional development programme. The study draws on the participants' experiences of reflective learning in order to develop an insight into the main issues associated with using this approach to learning, whilst undertaking a professional development programme.

However, I would argue that the *Model of Reflection* has intuitive generalisability or transferability, particularly to other health

professionals in similar situations or contexts. I believe that others working in these areas of education could relate the circumstances of the pharmacists who participated in this study to those of other pharmacists and other health professionals from their own experience. I personally can identify similarities and differences between them from my own experiences and from what I have read in published literature. In relation to the literature, this study has cited numerous studies in both health and other disciplines such as education and social work where there have been similarities in findings when compared with my data. In my study, the similarity is in the use of reflection and reflective portfolios as a learning mechanism. Many educationists working with participants of in-service CPD courses that draw on employing reflection as a learning strategy will recognise the conversations reported in this thesis. This suggests transferability of my data, but also potential generalisability of the theory (the *Model of Reflection*). To quote Morgan (1995):

> ...research theory grounded in learners' experiences provides a basis from which to draw links and parallels and so inform practice in [the] new settings. (Morgan, 1995, p.64)

Schofield (1993) proposed the notion of intuitive generalisability in her discussion on generalisability of qualitative research and the use of thick (detailed) descriptions of, for example, the study population, methods, role of the researcher in the study. This level of detail allows others to make informed judgements about whether they can transfer the findings to their own circumstances, i.e. whether it is possible or likely that they may apply them to their particular situations (Bell, 2005). Schofield (1993) acknowledged that the generalisability of qualitative research is inherently problematic, but that it should not be rejected. Also, I believe that my study was well structured and conducted systematically and critically, and makes no claims that can not be justified. Bell (2005) proposes that, where this is the case, a study may well be "...relatable..." (p.17), or subject to "...fuzzy generalizations..." (p.12), to other individuals or groups.

The research is also potentially influenced by the identity of the researcher in two ways - as tutor and as pharmacist. I have been aware from the outset and throughout study design, data collection and analysis, and reporting that my status as practitioner researcher could introduce bias into the study. However, I have made every effort to develop my understanding of the practical and ethical issues pertaining to practitioner research (Campbell *et al*, 2004; Cockley, 1993; McGinnis, 2001; McNiff *et al*, 1996; Richards and Emslie, 2000; Zeni, 2001). I agree with Powell's (1989) assertion that a previous relationship between the researcher and the research participant is helpful for research in this area:

> ...reflection is a difficult topic, requiring a prior relationship with the researcher in order for any meaningful discussion on this, on a personal level, to take place. (Powell, 1989, p.826)

I believe that I have been open, honest and transparent in my collection and analysis of the data. I was careful not to prompt the participants beyond what was reasonable to keep the discussion moving, and therefore believe that they were allowed to speak freely and that the data represents their voices. I have not knowingly manipulated the data to match any pre-conceived ideas I may have had, but I am mindful that this has also to be viewed in a context where I was the key instigator of reflective learning and the *Reflective Portfolio* for the *Prescribing Course*. Therefore I had a natural desire for it to be successful and acceptable to students. However, a work colleague, with much more experience of qualitative data analysis than I, provided constructive comment on an early draft of my thesis and challenged those aspects that she felt could not be justified from the data. I feel that this has provided an additional element to ensure:

> "...trustworthiness of the data..." (Snadden and Thomas, 1998, p. 149).

It is unlikely that those who participated in the study could completely disassociate my identity as a key member of the *Prescribing Course* tutor team from my 'new' identity as a research student with the Open University. However, I do not believe that they would have agreed to participate in my research unless they felt comfortable to do so in what they believed was a safe context where they could express their views honestly within a relationship of trust. Also, with the exception of nine focus group participants, all other study participants had completed the *Prescribing Course* before being interviewed and therefore this may have also helped to reduce any anxiety or suspicion. If funding and personnel resources allowed, it would have been my preferred option to have another individual who was completely divorced from the design and delivery of the *Prescribing Course* to conduct the focus groups and interviews. However, beyond having an assistant moderator present during the focus groups who removed some of the emphasis on my participation as moderator, this was not possible.

The research is also arguably limited by what I perceive as my own relatively novice status as a reflective learner and practitioner. This may have led me to interpret the literature and participants' views in ways specific to my understanding and limited experience of reflection/reflective learning. However, I made every possible effort to be consistent in my interpretation and analysis at all stages of the project by reflecting on what I was doing, what I was finding, and my existing assumptions and beliefs. Also, since gathering data from these participants, approximately eighty other pharmacists have completed the same programme of study. I have read around three-quarters of the *Reflective Portfolios* that these pharmacists have produced for their course, in my role as tutor/assessor. As a result I feel reassured from their written narratives that what the *Prescribing Course* participants told me during my study was a reliable account of their views since similar views are apparent in the narratives produced by the pharmacists who followed them subsequently on the same course.

PAT'S (CONTINUING) STORY

I feel that I have come a long way personally and professionally in my EdD 'journey' from the beginning of this research project that has culminated in this thesis and a *Model of Reflection* that I had not envisaged at the outset. I feel that I have been on a journey somewhat in parallel with the participants who were exposed to a new learning approach that was also fairly new to me. I have struggled on many occasions with my own feelings of guilt when participants articulated their dislike of this learning approach in the early stages of their course. I have overcome these feelings largely through engaging in reflection on my own learning and professional practice to appreciate the positive and negative aspects of what the participants were telling me. I reflected on my learning and practice for all aspects of the research, including the methods of data collection, as it progressed and made changes accordingly.

I was particularly surprised by the challenge I found when structuring the presentation of my thesis. My aim was to move away from the more 'conventional' presentation that separates the literature review, results and discussion to one that is more compatible with the grounded theory approach that I used for data collection and analysis. I also felt that my existing perceptions and beliefs were challenged when thinking about the transferability or intuitive generalisability of the *Model of Reflection*. At times I felt an empathy with one of my study participants who expressed being a 'victim' of the traditional approach to learning that her 'scientific' undergraduate pharmacy course had embedded. I thought I had moved a long way from that in my now seventeen years as an academic who has embraced social science methodologies, but obviously I had some way to go! I am probably only now appreciating the transformation that I have undergone as a 'researcher' over the lifetime of this project.

An outcome of this journey is that I am not the same Pat that started out when I took the first steps towards introducing reflective learning into my courses over five years ago. I can honestly say that this research experience has *transformed* the way that I think about learning and teaching, and supporting learners, hopefully for the better and to their benefit. I feel that I have also been responsible for a change in the way my academic colleagues approach their teaching and facilitate learning since they have had to engage with the reflective learning approach that I introduced and support our learners. This has presented challenges of course when others, learners and academic colleagues, have not shared my entire journey so may not completely understand where I am coming from or share my enthusiasms to the same extent. However, I have been greatly encouraged by colleagues' acceptance of it, and the views that they have expressed that it is a positive development. I feel that I embarked on a journey that will continue with others.

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APPENDIX 1

CONTENTS OF THE PRESCRIBING STUDIES REFLECTIVE PORTFOLIO (SUPPLEMENTARY PRESCRIBING COURSE)

Section 1:

- *An autobiographical account*

Students asked to reflect on where they are in their professional career as they embark on the course and the influences on them since childhood that have led them to this position.

Section 2:

- *A SWOT analysis*

Students asked to reflect on their personal strengths and weaknesses, and wider opportunities and threats, in relation to the professional role they are striving to attain by completing the course.

Section 3:

- *Reflective weekly diary of significant events (1 per week)*

Students asked to briefly describe and reflect on the most significant event (good or bad) of each week that they have experienced in the GP practice/hospital where they are undergoing the supervised practice experience element of the course.

Section 4:

- *Significant events in detail (6 in total)*

Students choose 6 of the events from Section 3 and produce a more detailed narrative (~ 500-1000 words each).

Section 5:

- *Reflection on learning from course materials*

Students asked to reflect on what they have learned from course materials (distance learning and face-to-face)

Section 6:

- *Problem Solving Case*

Section 7:

- *Case Presentation*

Section 8:

- *Practice-Based Audit*

For sections 6-8, students are asked to reflect on the value of these assessments to their learning and development.

Section 9:

- *Additional materials that support evidence of achieving the learning outcomes and prescribing competencies*

Students asked to include examples of learning materials beyond the course and reflect on their value to their learning and development.

For sections 5-9, students are also asked to relate the outcome of their reflection on their learning and development to the learning outcomes and prescribing competencies that they have to meet for the course to satisfy the requirements of the Pharmaceutical Society.

Section 10:

- *Summary of evidence of achievement of the learning outcomes (tabular)*

Section 11:

- *Summary of evidence of achievement of the prescribing competencies (tabular)*

For sections 10-11, students cross-reference to other sections to provide a final summary of how all the learning outcomes and prescribing competencies respectively have been met to satisfy the requirements of the Pharmaceutical Society.

Section 12:

- *Free-writing (optional)*

Students invited to use this section to write about any aspect of their experience on the course.

APPENDIX 2

Questioning Route for Focus Group 1

Opening Question:

So, to get us started, what I'd like you to do is to each take a turn to tell us briefly:

- who you are
- where you did your undergraduate pharmacy degree
- one none-pharmacy related thing you like doing

Introductory question:

I'd now like you to think about something, anything, you'd describe as a learning experience or occasion (good or bad) that you particularly remember. This can be something recent, or in the near or distant past. I'd like you to share with the others what it was and what has made it stick out for you.

Transition question:

Now I'd like you to think about how you've come to be a learner on the course you're currently doing with Keele University...why you're doing the course. I'd like you to look at the **7 yellow cards**** that are in front of you. Place them in order, according to the descriptions that best match your reasons. You may consider some to be equally representative, others to have no relevance to you personally.

- Allow 2-3 minutes

Having done that, discuss your top 2-3 selection with the others. It's OK too if you have only 1 reason. You can refer to them by the number code (21, 32, 43, 54, 65, 76, 87) written on the cards if you wish.

Prompts:
- Other reasons?
- How does this compare with other courses (postgrad./undergrad.) that you've done?

Key question – 1:

So far we've discussed some things about you as a learner.

What I'd like you to do next is think about the word LEARNING and what it means to you ie what is LEARNING?

First of all, read the **5 white cards++** that are in front of you. Then discuss your views with the group. You may refer to them using the number code (23, 34, 45, 56, 67) at the top of each card if you wish.

Prompts:
- Other ways you'd express/define LEARNING?
- Might you define LEARNING differently depending on the purpose or need? Task? Importance? Interest? Workload? Assessment?
- How do you differentiate between different types of learning?
- Have your views about learning changed at all in any way eg think back over the last 12 months? Longer?
- How has using a learning log on your current course affected your view of learning?

Key question – 2:

I'd now like you to move on to think about REFLECTION in relation to your learning and what it means to you.

Prompts:
- How do you view reflection in relation to learning? Different types of reflection depending on the purpose or need eg for professional development?
- How do you differentiate between different types of reflection?

In relation to the Keele course -
- Effect of their written Learning Log/Evidence-Based Porfolio in relation to reflection?
- Effect of f2f Portfolio groups – talking to others f2f?
- Effect of OLLZ (online) CafeBar – talking to others online?
- How does the course help or hinder reflection?
- Other experiences of reflection on other courses or educational events?

Key question – 3:

Bearing in mind what you've discussed already in relation to learning and reflection, how do you think this fits in with the requirement for Continuing Professional Development (CPD) for pharmacists?

Prompts:
- Views on RPSGB's model of CPD? (Have RPSGB's model available to look at)
- Anyone started keeping CPD records?
- Learning for the Keele course vs learning for CPD?
- Reflection for the Keele course vs reflection for CPD?

Ending question:

So, all things considered, if you had 1 minute to talk about learning and reflection to a group of new students who were about to start your course, what might you say?

****Transition question – why are you doing this course?**
Phrases presented on the 7 yellow cards:
21 = I'm doing this course because it's of relevance to my future career
32 = I'm doing this course because I want to have the qualification that it provides
43 = I'm doing this course because the subject matter is of particular interest to me
54 = I'm doing this course because of the academic credits that it will give me
65 = I'm doing this course because I think it will challenge me personally and broaden my personal portfolio
76 = I'm doing this course because it will show others that I'm capable of doing it
87 = I'm doing this course because I want to meet and socialise with other people

++Key question 1 – what is learning?
Phrases presented on the 5 white cards:
23 = Learning is about increasing my knowledge
34 = Learning is about memorising facts and being able to reproduce them later when required to
45 = Learning is about acquiring things like facts and procedures etc that can be applied/used in practice later on, but without necessarily understanding them
56 = Learning is about developing my own understanding, my own meaning, about things that I'm exposed to visually and orally so that they're fixed subconsciously in my mind and I can express them in my own words when necessary
67 = Learning is about developing my own understanding, my own meaning, about things that I'm exposed to visually and orally that makes me see things in a different way, or changes me as a person

APPENDIX 3

Letter to recruit first focus group participants

20th October 2003

Dear

I am writing to invite you to take part in a focus group that I will be conducting as part of my personal research into *learning and reflection*. This research forms part of the Doctorate in Education programme with the Open University on which I am a student.

The focus group will consist of 6-10 individuals who are currently students on Keele University's Supplementary Prescribing Preparatory Course. It will last for no more than 2 hours. Refreshments will be provided. Your travel expenses will be reimbursed.

The focus group's discussions will be recorded on audio tape to help me with data analysis. The data collected from the focus group will be included as part of my final thesis. However, I assure you that no individual who participates in the focus group will be identified by name in my thesis or in any other publications that result from my research. The tape will be destroyed on completion of my research.

I hope that you are able to take part. To enable me to organise the focus group for a time and place that is most convenient to you, I'd be grateful if you could complete the table on the attached form to show your availability. **Please return the completed form to me in the FREEPOST envelope provided by the end of October** so that I can send you confirmation of your participation early in November. Alternatively, please feel free to e-mail me (pat.black@btopenworld.com) with your availability. I would also be grateful if you could complete the form as indicated if you do not wish to take part.

I realise that I am asking you to give up some of your time to help me with my research, and appreciate that there are already many demands on your time. However, I hope that the results of my research will be of benefit to my students in the future and ask for your goodwill in this respect.

If you are unwilling or unable to participate in my research I assure you that this will have no detrimental effect on your current relationship with me as a tutor.

I look forward to receiving your reply.

Many thanks in anticipation.

Yours sincerely,

Pat Black.

Doctorate in Education

Research into Learning and Reflection

Initial Study

Focus Group

Please indicate by placing a tick in the table below ALL those dates, times and preferred location in relation to your availability to participate in a focus group. Please return the completed form to me in the FREEPOST envelope provided by the end of October. Many thanks.

Please print your name here.....

Day	Afternoon (12-2pm)	Afternoon (4-6pm)	Evening (6-8pm)	Keele	Birmingham
Monday 17th November					
Tuesday 18th November					
Thursday 27th November					
Friday 28th November					
Monday 8th December					
Thursday 11th December					
Friday 12th December					

Please tick this box if you do not wish to participate in my research ☐

APPENDIX 4

Letter to confirm participation in focus group 1

5th November 2003

Dear

Focus Group Discussion - *Learning and Reflection*

Many thanks for responding positively to my request to take part in a focus group as part of my Doctorate in Education research project. I am writing to confirm that the focus group will take place as indicated below:

Date: Monday 8th December

Time: 6-8pm

Location: Keele Management Centre (Town or County Room)
(see enclosed Visitor Guide - marked 50)

I hope that this is still convenient for you.

A finger buffet will be available from 5.30pm. Your travel expenses will be reimbursed.

I also confirm that the focus group's discussions will be recorded on audio tape to help me with data analysis. The data collected from the focus group will be included as part of my final thesis. However, I assure you that no individual who participates in the focus group will be identified by name in my thesis or in any other publications that result from my research. The tape will be destroyed on completion of my research.

I look forward to seeing you on 8th December. However, in the meantime, please feel free to contact me (pat.black@btopenworld.com) if you have any queries about my research.

With kind regards.

Yours sincerely,

Pat Black

PS If your circumstances have changed so that you're no longer able to participate in the focus group on this date, I'd be grateful if you could let me know immediately (pat.black@btinternet.com or tel. 0121 426 6005)

APPENDIX 5

Letter to thank focus group participants and to confirm permission to contact in the future

12th December, 2003

Dear

Focus Group Discussion – Learning and Reflection

I am writing to give you my sincere thanks for your participation in the focus group last Monday evening. The group's discussions were extremely valuable for these initial stages of my research and will enable the project to move forward.

Please find enclosed a travel expenses claim form that I forgot to give you on Monday. I've also enclosed a stamped envelope so that you can return it to me at your convenience. The rate for the first 100 miles is 40p, then 15p for each mile thereafter.

I would also be grateful if you could complete the yellow slip enclosed to indicate whether or not you'd be willing to participate in future stages of my research. Please return this with the travel form.

Many thanks again for giving up your precious time to help me out. I appreciate this very much.

Hope you have a very happy Christmas and a splendid Hogmanay!

With kind regards.

Yours sincerely,

Pat Black

Doctorate in Education

Research Project – Learning and Reflection

Researcher – Pat Black

I'd be grateful if you could complete this slip and return it to me in the envelope provided.

Please tick the appropriate box below:

- ❑ You can contact me again to ask me to participate in future stages of this research project
- ❑ Please do not contact me again to ask me to participate in future stages of this research project

Thank you again for your participation so far☺

APPENDIX 6

Letter to recruit participants for individual interviews

1st October, 2004

Dear

Education Research Project - Learning and Reflection

You may recall that I am currently undertaking research into *learning and reflection* that will in part enable me to fulfil the requirements of the Doctorate in Education degree for which I am registered with the Open University. I am writing to you in the hope that you will be able to take part in the next stage of my research project.

For the next stage of the project I hope to carry out individual interviews with pharmacists who have recently completed a postgraduate course with Keele University. Each interview will take no more than 1 hour, and it will be arranged so that it takes place in a convenient location for each interviewee. Interviews will be recorded on audio tape to help me with data analysis. The data collected from all interviewees will be collated and included as part of my final thesis. However, I assure you that no individual who participates will be identified by name in my thesis or in any other publications that result from my research. All audio tapes will be destroyed on completion of my research.

In anticipation that you may be willing to help me with my research, I have enclosed a form that includes a calendar of dates from October 2004 to February 2005. I would be grateful if you could indicate up to 8 days that you would be free to be interviewed during this period by circling the relevant dates. Please include Saturdays and Sundays too if necessary. Please also complete the box below the calendar to indicate where you would prefer the interview to be held e.g. your workplace, home etc. I would be grateful if you could return the completed form to me by 18th October in the stamped/addressed envelope enclosed. Alternatively, please feel free to e-mail me (pat.black@btopenworld.com) with this information. I will contact you shortly after to confirm the interview date and make final arrangements.

I realise that I am asking you to give up some of your time to help me with my research, and appreciate that there are already many demands on this. However, I hope that the results of my research will be of benefit to students and pharmacists in the future and ask for your goodwill in this respect☺

Many thanks in advance for your help.

With kind regards.

Pat Black

PS If your e-mail address has changed since you finished the course at Keele, please write your new address on the calendar form. Thank you.

Please circle up to 8 dates (include Saturdays and Sundays if necessary) on the calendar below when you would be available for interview:

October							November							December							January 2005							February						
M	.	4	11	18	25	.	M	1	8	15	22	29	.	M	.	6	13	20	27	.	M	.	3	10	17	24	31	M	.	7	14	21	28	.
T	.	5	12	19	26	.	T	2	9	16	23	30	.	T	.	7	14	21	28	.	T	.	4	11	18	25	.	T	1	8	15	22	.	.
W	.	6	13	20	27	.	W	3	10	17	24	.	.	W	1	8	15	22	29	.	W	.	5	12	19	26	.	W	2	9	16	23	.	.
T	.	7	14	21	28	.	T	4	11	18	25	.	.	T	2	9	16	23	30	.	T	.	6	13	20	27	.	T	3	10	17	24	.	.
F	1	8	15	22	29	.	F	5	12	19	26	.	.	F	3	10	17	24	31	.	F	.	7	14	21	28	.	F	4	11	18	25	.	.
S	2	9	16	23	30	.	S	6	13	20	27	.	.	S	4	11	18	25	.	.	S	1	8	15	22	29	.	S	5	12	19	26	.	.
S	3	10	17	24	31	.	S	7	14	21	28	.	.	S	5	12	19	26	.	.	S	2	9	16	23	30	.	S	6	13	20	27	.	.
Wk	40	41	42	43	44	.	Wk	45	46	47	48	49	.	Wk	49	50	51	52	53	.	Wk	53	1	2	3	4	5	Wk	5	6	7	8	9	.

Please indicate your preferred location for interview in the box below

If you are unable to take part in my research please tick the appropriate box below for the statement that applies to you:

I am unable to help out with this part of the research project, but I'm happy to be contacted again in the future. ☐

I am unable to help out with this part of the research project. Please do not contact me again. ☐

APPENDIX 7

EdD 1-1 Interviews

Summary of Participants

Course Key: SP = Supplementary Prescribing; PS = Prescribing Studies Diploma; (FG) = also participated in earlier focus groups

Code P = Participant	Course	Gender	Age	Area of practice	Date of interview	Interview time (approx)
P14	SP - cohort 2	Male	34	Primary care + Community	29th October 2004	45 minutes from 1pm
P15	SP - cohort 2	Male	29	Primary care	9th November 2004	45 minutes from 10am
P16	SP - cohort 2	Male	41	Primary care	12th Nov. 2004	45 minutes from 1pm
P17	SP - cohort 1	Female	54	Primary care	15th Nov. 2004	35 minutes from 2.30pm
P18	SP - cohort 2	Male	33	Primary care	19th Nov. 2004	50 minutes from 1.30pm
P19	SP - cohort 2	Male	31	Primary care	22nd Nov. 2004	50 minutes from 4.15pm
P20	SP - cohort 2	Male	48	Community pharmacy proprietor	28th Nov.2004	50 minutes from 12 noon
P21	SP - cohort 2	Male	49	Community pharmacy proprietor	28th Nov. 2004	2 hours from 3.30pm

P22	SP - cohort 2	Male	36	Primary care and Community Pharmacy	29th Nov. 2004	50 minutes from 9.45am
P23	SP - cohort 1	Male	51	Primary care + Community	1st Dec. 2004	60 Minutes from 10.30am
P24	SP - cohort 1 (FG)	Female	31	Primary care	1st Dec. 2004	60 Minutes from 7.30pm
P25	PS, 2nd Year	Female	38	Primary care	10th Dec. 2004	60 Minutes from 1pm
P26	SP - cohort 1	Female	42	Primary care	15th Dec. 2004	60 minutes from 12pm
P27	SP - cohort 1 (FG)	Female	28	Primary care	17th Dec. 2004	60 minutes from 11am
P28	SP - cohort 1	Male	52	Primary care + Community	20th Dec. 2004	60 minutes from 11.30am
P29	SP - cohort 2	Male	45	Secondary care	20th Dec. 2004	60 minutes from 3pm
P30	SP - cohort 1 (FG)	Female	46	Primary care and Community	12th Jan. 2005	40 minutes from 10am
P31	SP - cohort 2 (FG)	Male	49	Primary care and Community	17th Jan. 2005	50 minutes from 11.30am
P32	SP - cohort 1 (FG)	Female	43	Secondary care	17th Jan. 2005	40 minutes from 2.30pm

APPENDIX 8

Letter to recruit focus group participants for individual interviews

5th November, 2004

Dear

Education Research Project - Learning and Reflection
Stage 2

The focus group that you kindly participated in, and the others that I conducted for my research, highlighted a number of themes in relation to learning and reflection that I would like to explore in more depth. In this regard, for the next stage of my research project, I hope to carry out individual interviews with those who participated in the focus groups, who indicated that they would be willing to participate further in my research. The interview should take no more than 1 hour, and it will be arranged so that it takes place in a convenient location for each interviewee.

In anticipation that you are still willing to participate further, I have enclosed a form that includes a calendar of dates from December 2004 to March 2005. I would be grateful if you could indicate up to 8 days that you would be free to be interviewed during this period by circling the relevant dates. Please include Saturdays and Sundays too if necessary. Please also complete the box below the calendar to indicate where you would prefer the interview to be held e.g. your workplace, home etc. I would be grateful if you could return the completed form to me by the end of November in the stamped/addressed envelope enclosed. Alternatively, please feel free to e-mail me (pat.black@btopenworld.com) with this information. I will contact you shortly after to confirm the interview date and make final arrangements.

As for the focus groups, interviews will be recorded on audio tape to help me with data analysis. The data collected from all interviewees will be collated and included as part of my final thesis. However, I assure you that no individual who participates will be identified by name in my thesis or in any other publications that result from my research. All audio tapes will be destroyed on completion of my research.

I realise that I am asking you to give up some more of your time to help me with my research, and appreciate that there are already many demands on this. However, I hope that the results of my research will be of benefit to students and pharmacists in the future and ask for your goodwill in this respect☺

Many thanks in advance for your help.

With kind regards.

Pat Black
PS If your e-mail address has changed since you finished the course at Keele, please write your new address on the calendar form. Thank you.

Pat Black

Doctorate in Education Research Project, Stage 2 (Com)

Please circle up to 8 dates (include Saturdays and Sundays if necessary) on the calendar below when you would be available for interview:

December							January 2005							February							March						
M	.	6	13	20	27	.	M	.	3	10	17	24	31	M	.	7	14	21	28	.	M	.	7	14	21	28	.
T	.	7	14	21	28	.	T	.	4	11	18	25	.	T	1	8	15	22	.	.	T	1	8	15	22	29	.
W	1	8	15	22	29	.	W	.	5	12	19	26	.	W	2	9	16	23	.	.	W	2	9	16	23	30	.
T	2	9	16	23	30	.	T	.	6	13	20	27	.	T	3	10	17	24	.	.	T	3	10	17	24	31	.
F	3	10	17	24	31	.	F	.	7	14	21	28	.	F	4	11	18	25	.	.	F	4	11	18	25	.	.
S	4	11	18	25	.	.	S	1	8	15	22	29	.	S	5	12	19	26	.	.	S	5	12	19	26	.	.
S	5	12	19	26	.	.	S	2	9	16	23	30	.	S	6	13	20	27	.	.	S	6	13	20	27	.	.
Wk	49	50	51	52	53	.	Wk	53	1	2	3	4	5	Wk	5	6	7	8	9	.	Wk	9	10	11	12	13	.

Please indicate your preferred location for interview in the box below

If you are unable to take part in my research please tick the appropriate box below for the statement that applies to you:

I am unable to help out with this part of the research project, but I'm happy to be contacted again in the future. ☐

I am unable to help out with this part of the research project. Please do not contact me again. ☐

APPENDIX 9

Doctorate in Education
Stage 2
1-1 Interviews

Pre-amble

Thanks for agreeing to talk to me today. As I said in my letter I'll need about an hour of your time. Is that still OK? Do you want to set a time limit in case we go over this?

Just to confirm that I'm seeing you today with my Open University student hat on, but I will refer to some learning methods used on the course you did with Keele University.

Thanks also for agreeing to have our conversation recorded. I do assure you that whatever you say will be confidential and that I'll be the only person who knows who you are.

So, the reason that I want to talk to you is that I'm interested in what pharmacists think about learning: what it is, how they go about it; also reflective learning and writing things down in that context.

I'd like the interview to be as open and free-flowing as possible, and not led by too many specific questions from me. I'll interrupt if I want to go into something in more depth or just to clarify something with you, but I'd really like you to be as open as you can be and tell me what you really think about the topics I'll introduce.

Doctorate in Education

Stage 2

1-1 Interviews

Questions to Begin Exploration of Key Themes

1. I'd like you to tell me about how you think you've gone about learning over the years. You might find the phrases on these cards useful (give time for reading these).

2. What do you think about applying different approaches to/ways of learning in relation to different aspects of our lives?

3. How do you think reflection fits within professional practice?

4. What do you think reflection does/has done for you personally?

5. What are your thoughts about there being potentially different types/levels of reflection?

6. How did you feel about reflection at the beginning of the SP course? In what way did your feelings/perceptions change over the course, if at all?

7. How do you feel about having had to write your reflective thoughts down in a portfolio? I'm interested in all aspects - positive and negative, and barriers, and how you went about it.

8. Who were you writing for? What did you see as the purpose of writing?

9. What, if any, particularly personal barriers did you have to reflecting/writing reflectively

APPENDIX 10

Summary of demographic details of all study participants

P=Participant	Gender	Age*	Area of Pharmacy Practice**
P1/27	female	27	Primary Care
P2	female	48	Primary and Secondary Care
P3	male	30	Community Pharmacy and Primary Care
P4	male	47	Community Pharmacy and Primary Care
P5/23	male	50	Primary Care + Community + Secondary Care
P6	female	40	Primary Care
P7	female	45	Primary Care
P8/31	male	48	Community Pharmacy and Primary Care
P9/30	female	45	Community Pharmacy and Primary Care
P10	female	52	Primary Care
P11	male	42	Primary Care
P12	female	40	Primary and Secondary Care
P13/32	female	42	Secondary Care
P14	male	33	Primary Care + Community Pharmacy
P15	male	28	Primary Care
P16	male	40	Primary Care
P17	female	53	Primary Care
P18	male	32	Primary Care
P19	male	30	Primary Care
P20	male	47	Community Pharmacy (proprietor)
P21	male	48	Community Pharmacy (proprietor)
P22	male	35	Primary Care + Community Pharmacy
P23	see P5		
P24	female	30	Primary Care
P25	female	37	Primary Care
P26	female	41	Primary Care
P27	see P1		
P28	male	51	Primary Care + Community Pharmacy
P29	male	44	Secondary Care
P30	see P9		
P31	see P8		
P32	see P13		

(*/**sourced from University application forms, with participants' verbal permission; **see glossary below for explanation).

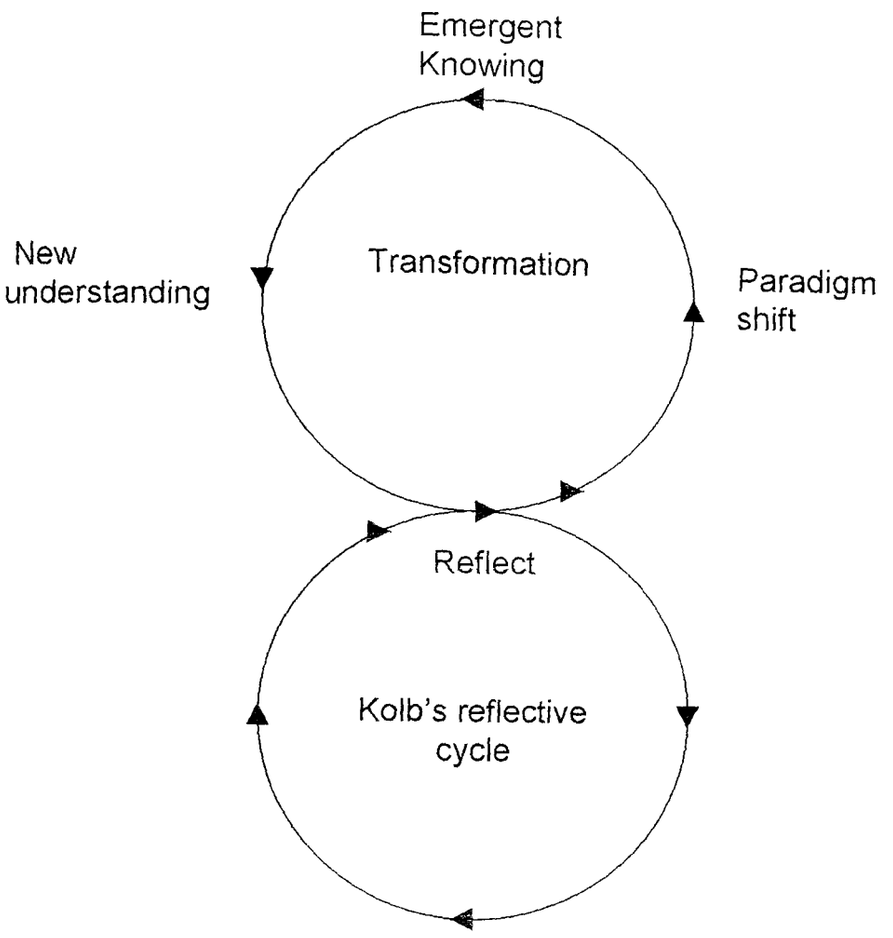
Glossary of terms used to describe employment/area of pharmacy practice of pharmacists who participated in this research project

- Primary Care - pharmacists who work within General Medical Practitioner Practices (GP Practices) or Primary Care Trusts.

- Community Pharmacy - pharmacists who work in community pharmacy shops e.g. Boots the Chemists, Lloyds Pharmacy, and independent pharmacies. Those who own their own pharmacy are referred to as 'proprietor' pharmacists.

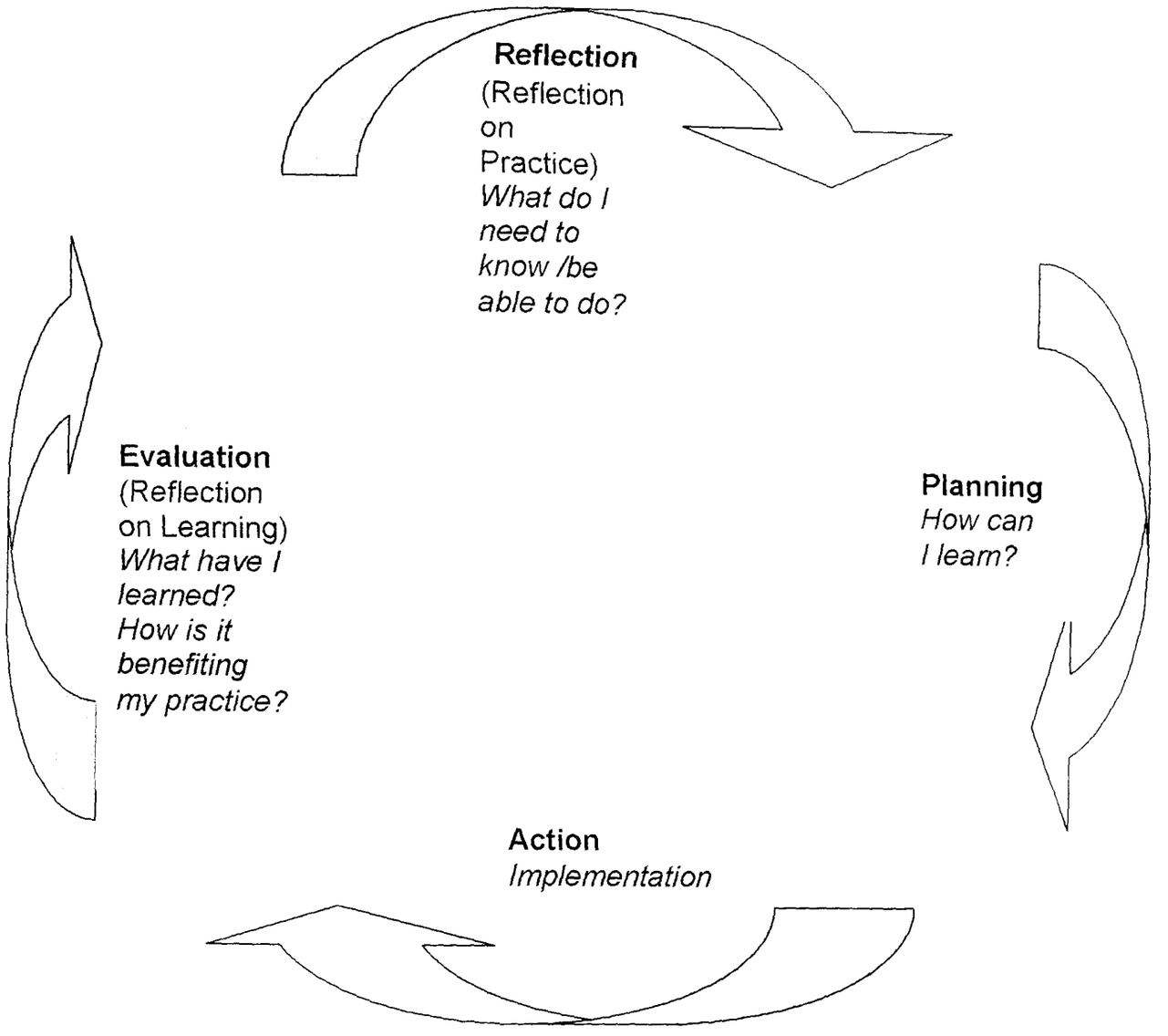
- Secondary Care - pharmacists who work in hospitals.

APPENDIX 11



Representation of Double-loop Learning

APPENDIX 12



Representation of
Continuing Professional Development (CPD) Cycle
(RPSGB, 2004)